



Credit Application

420 Exchange, Suite 200 Irvine, CA 92602 Phone: (949) 428-8660 or (877) 550-3600 Fax: (949) 428-8670

Full Legal Name:			Phone:		
DBA:			Fax:		
Parent Company / Subsidiary:					
Owner / Principals:					
Business Address:					
City:		St / Province:		Zip / Postal:	
Country:					
Business Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship					
Operation Type: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Distributor <input type="checkbox"/> Broker/wholesaler				Company Type: <input type="checkbox"/> Public <input type="checkbox"/> Private	

Business Credit Information

Federal Tax ID #:	Year Business Established:
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Accounts Payable Contact:

Suffix:	First Name:	Last Name:
Phone:	Fax:	

Bank Information:

Bank Name:	Account #:	Type:	
Address:	City:	St / Province:	Zip / Postal:
Phone:	Fax:	Contact:	
Bank Name:	Account #:	Type:	
Address:	City:	St / Province:	Zip / Postal:
Phone:	Fax:	Contact:	

Trade References: (Do NOT include Utilities, or Building Lessor)

Business Name:	Type:	Length of Relationship:
Address:	City:	St / Province:
Phone:	Fax:	Zip / Postal:
Business Name:	Type:	Length of Relationship:
Address:	City:	St / Province:
Phone:	Fax:	Zip / Postal:
Business Name:	Type:	Length of Relationship:
Address:	City:	St / Province:
Phone:	Fax:	Zip / Postal:
Business Name:	Type:	Length of Relationship:
Address:	City:	St / Province:
Phone:	Fax:	Zip / Postal:

By signing this application, I authorize DNP or its agent to investigate the credit history and financial records pertaining to the above referenced company.

*** Credit terms cannot be established unless accompanied by a signature**

Printed Name:	Title:
Authorized Signature:	Date:
X	

FAX TO: Attn.: Accounting Dept. at (949) 428-8670