

DORFMAN-PACIFIC CO., INC.

P.O. BOX 213005 • STOCKTON, CA 95213-9005
PHONE (209) 982-1400 FAX (888) 221-8779

APPLICATION FOR CREDIT

**INCOMPLETE AND / OR UNSIGNED
APPLICATIONS WILL NOT BE
PROCESSED.
PLEASE TYPE OR PRINT.**

Corporate Name _____ DBA _____
Billing Address _____ City, State, Zip _____
Shipping Address _____ City, State, Zip _____
Phone Number _____ Fax # _____
E-mail _____ Cellular # _____
Primary Contacts - Buyer _____ Pager # _____
Resale Card # _____ Accounts Payable _____
Date Business Began _____ Ownership: Corporation Partnership Sole Proprietor
D & B # _____

List below the name of Officers, Partners and / or Sole Owner

Name	Address and Phone Number	Title

BANK REFERENCE - COMPLETE INFORMATION REQUIRED

Name of Bank _____ Acct. # _____
Address _____ Officer _____
City, State, Zip _____ Phone () _____
Fax () _____

TRADE REFERENCES - ADDRESS REQUIRED

1. Name _____ Acct. # _____
Address _____ Phone () _____
City, State, Zip _____ Fax () _____
2. Name _____ Acct. # _____
Address _____ Phone () _____
City, State, Zip _____ Fax () _____
3. Name _____ Acct. # _____
Address _____ Phone () _____
City, State, Zip _____ Fax () _____
4. Name _____ Acct. # _____
Address _____ Phone () _____
City, State, Zip _____ Fax () _____

It is deemed that all sales originate in Stockton, California. You are hereby authorized to obtain any information you consider necessary concerning this application. The undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my account with interest computed at 1 1/2% per month (18% per annum) on any past due amount. If it becomes necessary for your company to incur collection costs for any amount due under this agreement, the undersigned agrees to pay all collection costs including attorney fees. Upon acceptance by Dorfman-Pacific Co., Inc. this application constitutes a sales and purchase agreement. I declare the information contained in this application to be true and correct.

Signature _____ Title _____ Date _____

Terms Requested: C.O.D. CREDIT CARD NET 30 Credit Limit Requested \$ _____

Pending Approval: Ship orders C.O.D. Charge to Credit Card Hold all orders for approval (3-6 weeks)

PLEASE DO NOT WRITE IN THE SPACE BELOW

SALES REPRESENTATIVE / NO.	Acct. #	D & B RATING