Seley & Co.						
1515 Hope Street, South Pasadena, CA 91030 · Tel: 626-799-1196 · Fax: 626-441-3166 Application for CREDIT						
BUSINESS CONTACT INFORMATION						
Title:						
Company name:						
Phone: Fax:			E-mail:			
Do you prefer to have	s & statemer	nts mailed <u>OF</u>	mailed <u>OR</u> emailed?			
Mailing Address:						
City:			State:			ZIP Code:
Shipping Address (if different):						
City:			State: Zip Code		Zip Code	:
Date business commenced:						
Sole proprietorship: P		Partnershi	ip: Corporation:		:	Other:
BUSINE		S AND CREDIT INFORMATION		ION		
Primary business address:						
City:			State:			ZIP Code:
How long at current address?			Do you own the property? YES			NO
Telephone: Fax:			E-mail:			
Bank name:						
Bank address:			Phone:			
City:			State:			ZIP Code:
Bank Account						
Savings:	-	•			•	-
Checking:	-	•			•	-
Other:						
BUSINESS/TRADE REFERENCES						
Company name:						
Address:						
City:			State:			ZIP Code:
Phone: Fax:			E-mail:			
Company name:						
Address:						
City:			State:			ZIP Code:
Phone: Fax:			E-mail:			
Company name:						
Address:						
City:			State:			ZIP Code:
Phone:	Fax:		E-mail:			
AGREEMENT						
1. I (we) certify that the above information is true and correct.						
2. All invoices will be paid under agreed terms.						
3. By submitting this application, I (we) authorize Seley & Co. to make inquiries into the banking and business/trade references that I (we) have supplied.						
SIGNATURES						
Signature:			Signature:			
Title:			Title:			
Date:			Date:			