



Customer Credit Application

2320 Thompson Way, STE G, Santa Maria, CA 93455 Toll-free (888) 237-3221 Fax (805) 925-1033 Email info1@cfsprod.com

Legal Name _____

Bill To Address

Phone _____ Fax _____

Ship To Address

Phone _____ Fax _____

Type of Business _____

Business start date _____

Owner _____

Contact _____

Resale Number _____

DNB # _____

Federal ID Numer _____

SSN _____

Items Interested in Purchasing _____

Trade References - *FAX NUMBERS REQUIRED or application WILL BE REFUSED*****

Name _____
Address _____
City,ST,Zip _____
Telephone _____
FAX _____
Acct # _____

Name _____
Address _____
City,ST,Zip _____
Telephone _____
FAX _____
Acct # _____

Name _____
Address _____
City,ST,Zip _____
Telephone _____
FAX _____
Acct # _____

Name _____
Address _____
City,ST,Zip _____
Telephone _____
FAX _____
Acct # _____

Bank References

Name and Address	Phone	Fax	Contact	Acct #

The undersigned hereby notifies that the information contained in this application is true and correct. In addition to the foregoing, the undersigned expressly agrees that in the event of any action or proceedings shall be brought for the recovery of amounts due for products or merchandise obtained from CFS, or its assigns, to pay all costs of collection including but not limited to attorney's or collection agent's fees. The undersigned further agrees to pay a \$25.00 charge for each returned check. The undersigned gives this information for the purpose of obtaining credit and authorizes CFS to obtain additional information concerning this credit standing and to furnish same to others.

Date / /
Signature or Owner or Officer _____

Title _____