



INTERNAL USE ONLY

LOCATION \_\_\_\_\_

SALES REP \_\_\_\_\_

OTHER \_\_\_\_\_

**Z ABRASIVES INC.**  
15320 S. Valley View, Suite 7  
La Mirada, CA 90638  
Fax: 562-404-1335

## CREDIT APPLICATION

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CHECK ONE:     INDIVIDUAL     PARTNERSHIP     CORPORATION

**Full name of owners(s) for partnership or individual or authorized officer(s) of corporation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEDERAL TAX NUMBER FOR CORPORATION \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ DATE STARTED \_\_\_\_\_

FORMER BUSINESS \_\_\_\_\_ LOCATION \_\_\_\_\_

TRADE REFERENCES:

NAME	CITY/STATE	FAX NO.	ACCOUNT NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF BANK \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices on receipt of statement.

**BUSINESS NAME** \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_