

## **CREDIT APPLICATION**

FAX: **925-828-3416** PH: **800-678-3470** credit@cepnow.com

LEGAL NAME OF CUSTOMER:		EMAIL ADDRESS:		
PHONE:		FAX:		
PLEASE SELECT ONE: STREET ADDRESS:	SOLE PROPRIETORSHIP	PARTNERSHIP CITY:	CORPORATI STATE:	
MAILING ADDRESS:		CITY	STATE:	ZIP CODE:
NAME(S) OF PRINCIPALS:		YR.	STARTED:	EST. HIGH CREDIT:
BANK REFERENCE	CE			
NAME OF BANK	BRANCH	OFFICER		ACCOUNT#
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	PHONE:
TRADE REFERENCES				
1 - NAME:		PHONE:		FAX:
ADDRESS:		CITY	STATE:	ZIP CODE:
2 - NAME:		PHONE:		FAX:
ADDRESS:		CITY	STATE:	ZIP CODE:
3 - NAME:		PHONE:		FAX:
ADDRESS:		CITY	STATE:	ZIP CODE:
4 - NAME:		PHONE:		FAX:
ADDRESS:		CITY	STATE:	ZIP CODE:
I hereby certify that I hold valid seller's permit no. use tax law:			issued pursuant to the sales and	
That I am engaged in the business of selling				(attach certificate)
APPLICANT SIGNATURE		DATE		