

California Digital Credit Application

To apply for credit with California Digital, please print this application, fill it out completely, and fax it to 510.651.8844.

Company

Company Name : _____

Corporate Name : _____

Company URL : _____

Physical Address

Street Address : _____

City : _____ State: _____ Zip Code: _____

Billing Address

Street Address : _____

City : _____ State: _____ Zip Code: _____

Contact Information

Your Name : _____

Phone No. : _____ Fax No.: _____

Your Sales Representative

I do not have a Sales Rep

or

Name of your Sales Rep: _____

Tax Information

Federal Tax No.: _____ D&B DUNS No.: _____

Business Information

Business entity: Corporation Partnership Proprietorship

Accounts Payable Contact : _____

Accounts Payable Phone No. : _____

Describe Type of Business : _____

In Business Since : _____ / _____ / 20 _____ No. of Employees: _____

Names of Officers and Principals:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Bank Reference:

Bank Name : _____ Account No.: _____
Address : _____
Type of Account: _____
Contact Name & Phone No.: _____

Trade References - List your major suppliers with whom you have established credit:

Name :	_____	Phone No. :	_____
Address :	_____	Contact :	_____
Name :	_____	Phone No. :	_____
Address :	_____	Contact :	_____
Name :	_____	Phone No. :	_____
Address :	_____	Contact :	_____
Name :	_____	Phone No. :	_____
Address :	_____	Contact :	_____

Amount of opening order : \$ _____ Expected annual purchases: \$ _____

Additional Comments to Assist in Determination of Credit Worthiness:

I, the undersigned, warrant the financial information above to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

Signature :	_____	Title :	_____
Printed Name :	_____	Phone No. :	_____
Date :	____ / ____ / 20____	E-mail :	_____