California REFRIGERATION Company ©

Corporate Office
PO Box 1628
El Dorado CA. 95623

(408) 281-8600

FIELD CREDIT APPLICATION

Please PRINT all entries Clearly

BUSINESS INFORMATION

Name of Business:

Owners Full Name **(Print)**

Address:

City:

State: Zip: Phone: Fax

DESCRIPTION OF BUSINESS

No. of Employees Credit Requested Type of Business

In Business Since (Date):

Business Structure

☐ Corporation ☐ Partnership ☐ Proprietorship

☐ Division/Subsidiary

Parent Company:

In Business For:

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name:	Name:
Title:	Title:
Address:	Address:
City:	City:
State: Zip: Phone:	State: Zip: Phone:

BANK REFERENCES

Name of Bank:	Name to Contact:
Branch:	Address:
Checking Account No.:	Telephone Number:

TRADE REFERENCES

Firm Name	Contact Name	Telephone Number	Account Open Since

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by CRC in determining the amount and conditions of credit to be extended. I understand that CRC may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist California Refrigeration Co. in establishing a line of credit.

PRINT FULL FIRST NAME AND LAST NAME

Signature *Title* *Date*

POLICY STATEMENT: Initial order from new accounts will not be processed unless accompanied by the above requested information.
Terms: Net 30 days from date of invoice unless otherwise stated.