

2631 126th St. Compton, CA 90222

Phone: (310) 639-4343 Fax: (310) 639-3577

Please print and complete all forms, sign them, and fax them to (310) 639-3577

CREDIT APPLICATION

Name of your company:		
Address:		
		Fax:
Nature of business:		Years in business:
	Officer(s) or owner(s) of the c	company
Name:		Telephone:
Home Address:		
Name:		Telephone:
Home Address:		
	Credit references (list at leas	st four)
Company name:		
Company Address:		
Company name:		
Company telephone / Fay / En		

Company name:	
Company Address:	
Company telephone / Fax / Email:	
Company name:	
Company Address:	
Company telephone / Fax / Email:	
Your bank	<u>information</u>
Bank name:	
Bank address:	
City, State, Zip Code:	
Account number(s):	
Bowman Plating Company, Inc. reserves the right to charge inte- balance of your account. Any attorney(s) fees incurred to collec- undersigned personally and jointly guarantee the payment on ob-	
Must be signed by Off	icers(s) / Owner(s) only
Signed:	Signed:
Print name:	Print name:
Print title:	Print title:

It is our policy to run credit verification on all new and updated accounts. If your company needs credit of \$3,000.00 or more, your most current financial statements are required. Please complete this form in its entirety and we will expedite your credit approval. Thank you for your cooperation.

	Date:
mpany:	
count:	
nk:	
x #:	
	ease release Highs and Lows for the last three (3) months to Bowman Plating Company for edit Reference purposes.
Th	ank You,