

Coast Fulfillment Corp.

2240 E Cedar Street, Ontario, CA 91761-8033
Phone: 949-599-8200 Fax: 949-599-8215

Credit Application

COMPANY _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

(_____) _____ (_____) _____
PHONE NUMBER _____ FAX NUMBER _____

TYPE OF BUSINESS:

____ CORPORATION ____ PARTNERSHIP ____ INDIVIDUAL OWNER ____ OTHER

RESALE CERTIFICATE NUMBER: _____

FEDERAL TAX ID NUMBER: _____

TRADE REFERENCES:

1. NAME _____ PHONE (____) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

2. NAME _____ PHONE (____) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

3. NAME _____ PHONE (____) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

4. NAME _____ PHONE (____) _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

BANK REFERENCES:

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CONTACT _____ PHONE (____) _____

Applicant agrees to notify Coast Fulfillment Corp. immediately of any change of ownership. Applicant is responsible for payment of all reasonable attorney fees, court fees, court cost, and interest related to collection of any sums.
All contracts are deemed accepted in Chino, California.

Signed _____ Title _____ Date _____