

2051 W. Mountain Street Glendale, CA 91201 Toll Free: 866-781-8033 • Phone: 818-559-5334 • Fax: 866-299-5164 http://www.wizind.com info@wizind.com

CREDIT APPLICATION

| Legal Name of Firm: Principal Business Address: | |
|--|----------------------------|
| | |
| Type of Business: | Number of Locations: |
| Present Ownership Since (Date): | Year Business Established: |
| Sole Proprietorship/Corporation/Part | nership (circle one) |
| Officers: | Owner: |
| State Tax No | |
| Bank Reference | |
| Bank: | Account No |
| Address: | City: |
| State:Zip | : |
| Contact: Secured (Yes No) Personal Guarantee Additional Trade References | Phone: e (Yes No) |
| 1. Name: Phone: | 2. Name: Phone: |
| Address: City: | Address: City: |
| State: | State: |

The undersigned hereby certifies that the above information is true and correct and in addition to the foregoing the undersigned promises to personally pay for all purchases in accordance with your terms of sale.

Zip:____

Date: _____ Company (Legal Name): _____ By (Signature of Owner, Officer or Authorized Agent): _____

Zip: