

ACCOUNT # _____



Date _____

APPLICATION FOR CREDIT

8960 Lurline Ave.
Chatsworth, CA. 91311
E-fax: (310) 606-3879

How Applied:

Phone In Person Mail Fax

E-mail: elizabeth@sonicac.com

BUSINESS INFORMATION

Business Name _____

Business Telephone Number _____

Business Fax Number _____

Contact Person E-mail Address _____

Business Address Street _____

City _____

State _____

Zip-Code _____

Shipping Address Street _____

City _____

State _____

Zip-Code _____

Website _____

Federal Tax Id Number _____

State Resale Number _____

Former Business Address (If Applicable) Street _____

City _____

State _____

Zip-Code _____

Type of Business _____

Date Established _____

How Long in Business _____

OWNERSHIP Proprietorship Parthership Corporation Limited Liabilitiy Corp.

Principal Name – Title – Driver License Number – Social Security Number- Home Address _____

Principal Name – Title – Driver License Number – Social Security Number- Home Address _____

Principal Name – Title – Driver License Number – Social Security Number- Home Address _____

Principal Name – Title – Driver License Number – Social Security Number- Home Address _____

TRADE REFERENCES (Name Suppliers of Major Products and Services)

Company Name – Address – Phone Number – Account Number – Fax Number _____

Company Name – Address – Phone Number – Account Number – Fax Number _____

Company Name – Address – Phone Number – Account Number – Fax Number _____

