



# Lorallen Fabrication Services

P.O. Box 567, Murrieta, CA 92564  
 951.698.0058  
 Attn: Credit Dept.

For fast credit approval  
 Please fax this form to:  
 951.346.9525

## BUSINESS CREDIT APPLICATION

We are very pleased that you are interested in obtaining an open account with our company. Please provide complete information. The more information we have the easier it is to make credit judgements. Please feel free to include other information you feel would help us evaluate your organization.

Full Company Name:						<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation:		
Street Address:						State:		
Billing Address:						Fed Tax ID or SSN		
City:			State:		Zip:		Telephone:	
Shipping Address:			State:		Zip:		Fax:	
Nature of Your Business:			No. Employees:		Years at this Location:		Years in Business:	
Is Your Company a <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary	Name of Parent Company:		If Incorporated, Date Incorporated:			DUNS#:		
Name of Owners or Officers						Position		
Person to Contact for Payments				Person to Contact for Purchase Orders				
Name:				Name:				
Telephone:				Telephone:				
Title:				Title:				
Business References								
Name:		Address:		City:	State:	Zip:	Telephone:	Fax:
Banking References								
Name:		Address:			Person to Contact:			
Checking Acct. #:		Savings Acct. #:			Telephone:			
Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, please include resale card with application)		State Sales Tax Resale #:		Issued by State of:		Taxable <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of credit desired in any 30 day period:								

**TERMS AND CONDITIONS:**  
 Payments for all purchases are due on the 30<sup>th</sup> calendar day following shipment of that order. Should the credit of Buyer in the judgement of the Seller, become impaired at any time, the Seller has the right to require payment in advance before making further shipments, and to demand immediate performance of the Buyer of all obligations imposed upon him by this agreement.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Authorized Signature:	Date:
Print Name:	Title: