

APPLICATION FOR CREDIT

EZ LETTERING SERVICE
1635 OHMS WAY
COSTA MESA, CA 92627
PHONE 949-646-8441
FX 949-631-4267

**Please provide requested information for each of the fields below. Incomplete applications will not be processed.*

Company Name _____

Account # _____

Street address _____

ASI # (If Applicable) _____

City/State/Zip _____

Sellers Permit # _____

Mailing Address (If different from above)

Telephone _____

Fax _____

Email Address _____

Website _____

Year Business Started _____

Number of Employees _____

Type of Business (i.e. Corp., Partnership, Sole Proprietorship)

Owner's Name _____

Social Security # _____

Street Address _____

Telephone _____

Owner #2 Name _____

Social Security # _____

Street Address _____

Telephone _____

APPLICATION FOR CREDIT

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Supplier Name _____
Address _____
City/State/Zip _____

Telephone _____
Fax _____
Account # _____

Supplier Name _____
Address _____
City/State/Zip _____

Telephone _____
Fax _____
Account # _____

Supplier Name _____
Address _____
City/State/Zip _____

Telephone _____
Fax _____
Account # _____

Supplier Name _____
Address _____
City/State/Zip _____

Telephone _____
Fax _____
Account # _____

Bank Name _____
Address _____
City/State/Zip _____

Telephone _____
Fax _____
Account # _____

**Please provide requested information for each of the above fields. Incomplete applications will not be processed.*