



14126 Gannet Street, Suite # 105 • Santa Fe Springs, California 90670
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 E-mail: info@fotoclubinc.com • Visit Our Web Site @ www.fotoclubinc.com

CREDIT APPLICATION FOR C.O.D. CO. CHECK

Individual or Company Name _____

Bill To Address _____

City _____ State _____ Zip _____

Ship to Address _____

City _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____ Date Established _____

Have you Previously Owned a Business under a different company name Yes No If yes,

What name _____

Accounts Payable Contact _____ Phone Number () _____

Type of Ownership: _____ Individual _____ Partnership _____ Corporation

Principal owners or officers 1 _____ 2 _____

Residence address _____ City _____ State _____ Zip _____

Bank Reference: _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____

Trade References:

1 Name _____ Ph # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

2 Name _____ Ph # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

3 Name _____ Ph # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

4 Name _____ Ph # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Signature X _____ Title _____ Date _____

Please fill out clearly and completely. Failure to do so will result in delays in processing your credit application.



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Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositors for release of any information in regards to their accounts.

When you return your completed credit application, Please sign this authorization form and return as well.

Thank you,

Sheila Allen

Sheila Allen
Credit Department

.....
Date: _____

I _____ give my permission for the release of information about my account as required on the attached bank credit reference letter.

Company Name: _____

Signature: _____ Title _____
(Authorized Signature Only)

Account Number: _____