



14126 Gannet Street, Suite # 105 • Santa Fe Springs, California 90670  
 Tel: 562 • 802 • 3575 • 562 • 802 • 7785 • Toll Free: 888 • 921 • FOTO(3686)  
 E-mail: info@fotoclubinc.com • Visit Our Web Site @ www.fotoclubinc.com

## CREDIT APPLICATION FOR NET 15 DAYS

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

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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: \_\_\_\_\_

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