



CONFIDENTIAL CREDIT APPLICATION

Please complete in full and return to our Credit Department. An incomplete application may delay any decision
5772 Bolsa Ave STE 120 / Huntington Beach, CA 92649 / Phone: 714-622-6498 / Fax: 714-622-6499

TODAY'S DATE: _____ AMOUNT REQUESTED: \$ _____ D&B#: _____
 BUSINESS / CORPORATE NAME: _____ DBA (TRADE STYLE): _____
 PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ E-MAIL: _____

NOTE: Chute Doctor requires you accept all invoices and statements via E-Mail. Please insert the E-Mail address that we should forward these documents directly to. _____

AUTHORIZED PURCHASERS: (name and email) PURCHASE ORDER # REQUIRED: YES NO
 (1) _____
 (2) _____
 (3) _____

CORPORATION PARTNERSHIP LIMITED PARTNERSHIP PROPRIETORSHIP

DATE BUSINESS WAS ESTABLISHED: _____ LINE OF BUSINESS: _____
 STATE OF INCORPORATION: _____ CONTRACTORS LICENSE #: _____

OFFICERS / PRINCIPALS:

NAME: _____ TITLE: _____ SOCIAL SECURITY#: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 NAME: _____ TITLE: _____ SOCIAL SECURITY#: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CREDIT REFERENCES:

NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____
 NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____
 NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____
 NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____ ACCOUNT #: _____

BANK INFORMATION:

NAME: _____ ADDRESS: _____
 PHONE: _____ FAX: _____ LOAN OFFICER: _____
 CHECKING ACCOUNT #: _____ SAVINGS ACCOUNT #: _____

