



CREDIT APPLICATION

COMPANY INFORMATION

Company Name:
Address:
City, State, Zip
Tel: Fax:
e-mail:
Web site:
Billing Address (if different than above):
Federal ID#:
DUNS #:
of years in business under this name:
Do you own your premises? [] yes [] no
Annual Sales Volume: \$
Credit Line Requested: \$
Payment Personally Guaranteed? [] yes [] no
By:
Corporate Officers:
President:
Vice President:
Secretary/Treasurer:
Personnel authorized to purchase:

OWNERSHIP

Name of Owner #1
Home Address:
City, State, Zip
Name of Owner #2
Home Address:
City, State, Zip

All Statements made herein are true and accurate to the best of our knowledge. We authorize EPV Screens, Inc. to make any and all necessary inquiries for action on this credit application. We hereby indemnify EPV Screens, and its agents, from liability resulting from their credit survey. We understand that the credit terms are NET 30 days.

AUTHORIZED SIGNATURE:

TITLE: DATE: / /

TRADE REFERENCES

- 1. Company
Address
City, State, Zip
Tel: Fax:
Contact person:
2. Company
Address
City, State, Zip
Tel: Fax:
Contact person:
3. Company
Address
City, State, Zip
Tel: Fax:
Contact person:

BANK REFERENCE

Bank Name:
Address:
City, State, Zip
Tel: Fax:
Contact person:
Account number:

For internal use only:

Credit limit \$ Date:
Approval #1:
Approval #2:

PLEASE RETURN THIS APPLICATION WITH A COPY OF YOUR RESALE CERTIFICATE.

EPV Screens, Inc.

12282 Knott st
Garden Grove, CA 98241
Phone: 562-483-8198
Fax: 562-483-8498
Email : accounting@epvscreens.com