



CREDIT APPLICATION

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ email: _____
 Federal ID: _____ Resale: _____
 Name of Owners/Corp. Officers: _____

TRADE REFERENCES

Requested Credit Line: _____

NAME

PLEASE PROVIDE PHONE & FAX# FOR FASTER RESPONSE

1. _____

2. _____

3. _____

4. _____

BANK: _____ ACCT#: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ FAX: _____
 STATE/ZIP: _____

X _____
 Authorized Signature

By your signature you hereby authorize and give permission to Rankin-Delux, Inc. to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report. You also authorize Rankin-Delux, Inc. to contact the credit references listed and hereby give permission to those references listed to release information about your credit experience.

REPRESENTATIVE REMARKS:

DO NOT USE THIS SPACE
 Open Account:
 COD:
 Limit:
 Date:

3245 Corridor Drive
 Eastvale, CA 91752

Phone: 951-685-0081
 Fax: 951-685-0084