



EBBERT CO.

Business Credit Application

Date: _____

BUSINESS CONTACT INFORMATION

Full Company Name:	
Billing Address:	Telephone:
	Fax:
	Website:
Shipping Address:	Tax ID Number
	State Resale Number:
	In business since:
	Type of Company: Corporation Partnership Proprietorship
Primary Contact for Sales:	Primary Contact for Credit:
How many locations do you have:	Member of Buying Group:

TRADE REFERENCES

Company Name:	Company Name:
Fax:	Fax:
Telephone:	Telephone:
Contact Name:	Contact Name:
Account #	Account #
Company Name:	Company Name:
Fax:	Fax:
Telephone:	Telephone:
Contact Name:	Contact Name:
Account #	Account #

BANK REFERENCES

Name of Bank:	Name of Bank:
Fax:	Fax:
Contact Name:	Contact Name:
Account #	Account #

I give authorization for release of requested account information to _____ **EBBERT COMPANY** _____
 This information will be used with strict confidentiality.

Signature:	Title:	Date:
------------	--------	-------

Ebbert Company | Tel: 714-437-5000 | Fax: 714-437-5322
 18320 Mt. Baldy Circle, Fountain Valley, CA 92708