

Account # _____
Date Approved _____
Credit Limit _____

F. & A. PRODUCTS, INC.

Requested by _____
Purpose _____
C/L Desired _____
Territory # _____

897 AMERICAN STREET
SAN CARLOS, CA 94070

PHONE 650-591-7711
FAX 650-591-1874

APPLICATION FOR AN OPEN ACCOUNT/CREDIT

Please Type or Print and answer all questions completely.

Business Name		Today's Date	
Company Name		Phone # ()	
Complete Mailing Address		City	County
Complete Shipping Address		City	County
Nature of Business		Check One	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Date Business Started	Parent Company, if subsidiary - Parent City & State		
Are purchases taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please attach a signed resale card and fill in resale # and state.	Resale # State	Federal Tax ID #
Are Purchase Order #'s Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Required, No product or service will be released without a purchase order #.		
Are Statements Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dun & Bradstreet #		

Trade References. Please list Vendors you currently purchase from on open account.

Vendor Name	Complete Address	Phone #	Account #

Bank Reference Name	Address	Phone #	Account #	Type
				<input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> Checking

Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date	Chapter