Tel: 562-946-8822 Fax: 562-946-8802

E-mail: sales@kidsmania.us

Credit Application

Applicant		Date:		
Full Name:	☐ Subsidiary	Provide Parent Company Information		
DBA:	Nama			
Address:	Addraga			
City/State/Zip:	City/Sate/Zip			
Tel: Fax:	Tel:	Fax:		
Ship to:	Bill to:			
Address:	Address:			
City/State/Zip:	City/Sate/Zip	:		
Tel: Fax:	Tel:	Fax:		
Federal Tax ID:	Reseller's #:	Voore in Business:		
Federal Tax ID:	Reseller's #:	Years in Business:		
Type of Business:				
□ Corporation:				
State of Incorporation:	Name of Executive Officer			
	ase provide name(s) of owner(s) below			
□ Partnership □ Proprietorship Plea Name Addre		Phone Number		
Name Addre	SS	1 Hone Number		
-				
B. I.B.C.				
Bank Reference				
Bank Name:		Branch:		
Address:	Tel	Tel:		
City/State/Zip:	Fax	С		
Trade References				
Name/Acct:	Name/Acct:			
Address:	Address:			
City/State/Zip:		:		
Tel: Fax:	Tel:	Fax:		
Name/Acct:				
Address:	Address:			
City/State/Zip:		:		
Tel: Fax:	Tel:	Fax:		

Tel: 562-946-8822 Fax: 562-946-8802 E-mail: sales@kidsmania.us

The above information is submitted as accurate and current to the best of my knowledge.			
Signed:	Title:	Date:	