

1205 Activity Dr.  
 Vista, CA 92081  
**O:** 760-536-0191  
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**Toll Free:** 888-542-8256



# CREDIT APPLICATION

## 1. COMPANY INFORMATION

Legal Business Name:		Contact Person:	
Title:		Email Address:	
Phone:		Fax #:	
Street:			
City:		Zip Code:	Country:
Nature of Business:		Established:	
Ever Filed Bankruptcy (Circle one) Yes No		Requested Credit Amount: \$	

## 2. PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name(s):			Title:
Social Security Number:		Owner Percentage:	
Home Address:			
City:	State:	Zip:	Home Phone:

## 3. COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch:		Checking Account #:	
Contact Officer:		Phone:	
Average Balance: \$	Any history of overdrafts or non-sufficient funds?		Yes No
Name of Bank/Branch:		Checking Account #:	
Contact Officer:		Phone:	
Average Balance: \$	Any history of overdrafts or non-sufficient funds?		Yes No

## 4. TRADE REFERENCES

Supplier 1:		Account #:
Contact:	Phone:	Email:
Supplier 2:		Account #:
Contact:	Phone:	Email:
Supplier 3:		Account #:
Contact:	Phone:	Email:

## 5. RESALE NUMBER & BUSINESS STRUCTURE

State: CA WA TX UT NV AZ ID CO	D&B	Federal ID:
Corporation Proprietor Partnership LLC	Website Address:	

## 6. AUTHORIZATION

I hereby authorize Avalon Equipment Corporation (Avalon), its employees, officers or assignees to investigate the company's credit or obtain a consumer report from a credit reporting agency. I also authorize any bank, trade or other references to release credit information concerning the company to Avalon. Such authorization shall extend to this application and subsequent updates, renewals or extensions of any credit granted as a result of this application and to any additional credit granted in the future. This authorization shall remain in force unless and until revoked by me in writing. Further, I certify that all information I have provided or will provide with this application is true and complete.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*All persons listed in Section 2 must sign*

### Avalon Internal Use Only

Sales Representative: \_\_\_\_\_ Comments: \_\_\_\_\_

Amount of first sale/rental: \_\_\_\_\_

Credit: Yes No Credit Limit: \_\_\_\_\_

\*If the number of persons listed in Section 2 exceeds amount of space give, please attach a list with information relevant to Section 2.

