



# Application For Credit

Our Solutions. Your Success.  
www.draco.com

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Billing Address \_\_\_\_\_

STREET CITY STATE ZIP

Shipping Address \_\_\_\_\_

STREET CITY STATE ZIP

Business is a  Corporation  Partnership  Limited Liability Company  Sole Proprietorship  Foreign Entity

Federal ID No. \_\_\_\_\_ SSN# (If Sole Proprietorship) \_\_\_\_\_ Years in Business \_\_\_\_\_

If business is located in California, please provide a copy of CA Resales Certificate.

### CONTACT PERSONS

Purchasing \_\_\_\_\_ E-mail \_\_\_\_\_ Phone No. \_\_\_\_\_

Accounts Payable \_\_\_\_\_ E-mail \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### BANK REFERENCE

Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_

Address \_\_\_\_\_ Savings Acct. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Person to Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### TRADE REFERENCE

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

.....  
Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

.....  
Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

BY COMPLETING THIS APPLICATION THE APPLICANT HEREBY AUTHORIZES THE ABOVE LISTED REFERENCES TO RELEASE TO DRACO SUCH CREDIT INFORMATION AS THEY MAY REQUIRED. I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Please return by fax to: (909) 447-2305 or email to: info@draco.com