



16719 Gramercy Pl., Torrance, CA 90247 • 310.212.6152 Phone • 310.212.6525 Fax • accounting@alpinedoorandtrim.com

Application for Credit

Date: _____

Amount Approved: _____
By: _____

Name/Legal Entity _____
DBA _____
Billing Address _____
Street Address _____
How Long in Business _____

Corporation Incorporated State: _____ When: _____
 Sole Proprietorship Partnership
 Other

Name of Owners/Officers/Partners:

Name	Title	SS#	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Resale No: _____ (attach card to this form)
Type of Business: _____

Business Real Property: Owns
 Rents

Name & Address: _____
Landlord or Mortgager: _____
Other Business (if any): _____

Estimated Monthly Purchases Anticipated: \$ _____ to \$ _____

Trade References

Name	Address, City	Zip Code	Phone	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Bank Address

Alpine Door & Trim, LLC. has requested information for the purpose of accepting my checks. Please furnish them with the information requested below at your earliest convenience. A self addressed envelope is enclosed for your reply.

Sincerely,

Company Name

Company Signature

Street

City

Bank Account No.

Saving Account No.

For Bank Use Only
Bank Accounts

Date Opening

Rating

Ten Plan

Commercial

Personal Checking

Savings

History of NSF Checks

Signed

Position