



CREDIT APPLICATION
 TEL: (310) 837-7811
 FAX: (310) 837-8602
 8945 Exposition Blvd.
 Los Angeles, CA 90034

OWNER INFORMATION

Applicant, Legal Name:		DBA:	
Mailing address:	City:	State:	Zip:
How long at current address?			
Discription of business:		In business since:	
Phone: ()		Fax: ()	

BUSINESS CREDIT INFORMATION

Account payable contact:			
Primary business address:	City:	State:	Zip:
Mailing address:	City:	State:	Zip:
How long at current address?			
Phone: ()		Fax: ()	
Website URL:		E-mail:	
Federal Taxpayer ID:		Business License #:	
Sole proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Other <input type="checkbox"/>
Bank name:			
Bank address:	City:	State:	Zip:
Bank contact name(s):			
Phone: ()		Fax: ()	
Type of account	Account number		
Savings <input type="checkbox"/>			
Checking <input type="checkbox"/>			
Other <input type="checkbox"/>			

BUSINESS/TRADE REFERENCES

Company name:		D&B ID:	
Address:	City:	State:	Zip:
Phone: ()	Fax: ()		
Name to contact:	E-mail:		
Type of account:			
Company name:			
Address:	City:	State:	Zip:
Phone: ()	Fax: ()		
Name to contact:	E-mail:		
Type of account:			
Company name:			
Address:	City:	State:	Zip:
Phone: ()	Fax: ()		
Name to contact:	E-mail:		
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize WELDON COLOR LAB to make inquiries into the banking and business/trad references that you have supplied.

SIGNATURES

Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____