

Remit to: P.O. Box 868 Clovis, CA 93613

2531 E. Jensen Ave Fresno, CA 93706 Ph. (559)485-2658 info@frontierfastener.com

CREDIT APPLICATION

BILLING ADDRESS:	SHIPPING ADDRESS:	
COMPANY NAME	COMPANY NAME	
MAILING ADDRESS	STREET ADDRESS	
CITY, STATE, ZIP	CITY, STATE, ZIP	
PHONE #	FAX#	
EMAIL ADDRESS FOR INVOICES AND STATEMENTS		
GENERAL INFORMATION		
COMPANY COMPOSITION □ INDIVIDUAL □ CORPORATION □ PARTNERSI	HIP □ LLC	
YEARS COMPANY HAS BEEN IN BUSINESS	FEDERAL TAX ID#	
NAMES AND ADDRESSES OF OWNERS, PARTNERS, OFFICERS		
NAME	TITLE	
ADDRESS	CITY, STATE, ZIP	
NAME	TITLE	
ADDRESS	CITY, STATE, ZIP	
NAME	TITLE	
ADDRESS		
7.65/1.200	CITY, STATE, ZIP	

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CREDIT REFERENCES		
NAME	EMAIL	
ADDRESS	CITY, STATE, ZIP	
NAME	EMAIL	
ADDRESS	CITY, STATE, ZIP	
NAME	EMAIL	
ADDRESS	CITY, STATE, ZIP	
BANK REFERENCE		
BANK NAME	ACCOUNT #	
ADDRESS	CITY, STATE, ZIP	
Credit limit requested: \$	_	
IF THIS ACCOUNT WILL BE USED FOR	RESALE PLEASE ATTACH A COMP	PLETED RESALE CERTIFICATE.
CREDIT TERMS: Net 30 days of invoice of Merchandise charged to this account remains all collection costs, attorney fees and could credit terms and limit may be cancelled on	ains the property of Frontier Fastener of the costs shall be paid by applicant.	
Applicant authorizes creditor to contact an		evant to their account from all references.
Signature	Title	Date