



2531 E. Jensen Ave Fresno, CA 93706
 Remit to: P.O. Box 868 Clovis, CA 93613
 Ph. (559)485-2658 Fax (559)485-2674
 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 #	
WOULD YOU LIKE YOUR INVOICE:			
<input type="checkbox"/> FAXED TO: ()		<input type="checkbox"/> E-MAILED TO:	
<input type="checkbox"/> MAIL TO BILLING ADDRESS ABOVE			
GENERAL INFORMATION			
RESALE #	FEDERAL TAX ID#	COMPANY COMPOSITION	
		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP	
YEARS COMPANY HAS BEEN IN BUSINESS		PRINCIPAL/OWNER	
CREDIT REFERENCES			
NAME		FAX #	
ADDRESS		CITY, STATE, ZIP	
NAME		FAX #	
ADDRESS		CITY, STATE, ZIP	
NAME		FAX #	
ADDRESS		CITY, STATE, ZIP	

IF THIS ACCOUNT WILL BE USED FOR RESALE PLEASE ATTACH A SIGNED RESALE CERTIFICATE.

CREDIT TERMS: Net 30 days. 1-1/2% service charge per month shall be charged on overdue balances.
 Merchandise charged to this account remains the property of Frontier Fastener until account is paid in full.
 All collection costs shall be paid by applicant.

Signature _____ Title _____ Date _____