



21615 Marilla St. Chatsworth, CA 91311  
 Phone (818) 341-9180 – Toll Free Number (800) 382-3684  
 Fax (818) 341-7470– Toll Free Fax (800) 233-7459  
 E-mail [accounting@pmindustrial.com](mailto:accounting@pmindustrial.com)

### APPLICATION FOR CREDIT

Name of Firm Or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Ownership: Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Corp. \_\_\_\_\_ D&B # \_\_\_\_\_

Check here if incorporated in last 12 Mo: \_\_\_\_\_ Corp Federal ID# \_\_\_\_\_

If individual please give Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License# \_\_\_\_\_

**Names, Address, Zip, Phone For Principles/Owners:**

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

BANK REFERENCES					
Bank Name	Contact	Account #	Address	Telephone #	Fax #

TRADE REFERENCES					
Company Name	Contact	Account #	Address	Telephone #	Fax #

Check here if cash sales are ok until Credit Approved \_\_\_\_\_

We certify that all of the information on this form is correct. We fully understand your credit terms are Net 30 Days and agree to the proper payment in consideration of extended credit. We agree that if we default in payment in accordance with terms, we will pay all cost of collections including but not limited to collection agency fees, reasonable attorney fees, court costs, filing fees and service fees.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_