



MAILING ADDRESS

18019 Sky Park Circle
Suite G
Irvine, CA 92614
Phone: 800-260-0010
Fax: 214-550-5070

CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION

Legal Name: _____

DBA: _____

Bill to:

Ship to:

Phone: _____

Fax: _____

BUSINESS INFORMATION

Check One: Corporation [] Partnership [] Proprietorship [] Other []

EIN: _____

D&B #: _____

Tax Exempt #: _____

Year Started: _____

LIST OF OFFICERS /PARTNERS AND TITLES

1.) _____ SS#: _____

2.) _____ SS#: _____

3.) _____ SS#: _____

4.) _____ SS#: _____

BANK INFORMATION

Name: _____
Address: _____
Contact: _____
Checking Account #: _____
Phone: _____

TRADE REFERENCES

Name: _____ Account #: _____
Address: _____ Contact: _____
C, S, Z: _____ Phone: _____
Fax: _____

Name: _____ Account #: _____
Address: _____ Contact: _____
C, S, Z: _____ Phone: _____
Fax: _____

Name: _____ Account #: _____
Address: _____ Contact: _____
C, S, Z: _____ Phone: _____
Fax: _____

This is an application for the above named company and I give the authority to contact the above references and bank verification and credit information. The undersigned agrees that accounts not paid when due shall bear a late charge computed at a rate of one and one half (1½%) percent month from the date payment is due. Should all or any part of this amount be collected by law or through an attorney, Gumball.com, Inc. shall be entitled to collect attorney fees in the maximum amount allowable by law, the late charge, as well as costs of the collection in addition to the amount due.

Payment Terms: 30 Days

OFFICER RESPONSIBLE FOR CREDIT

Signature

Printed Name

Title

Date