

Chester Paul Company Credit Application
(Fax a copy of this form back with order to open an account)
Fax: (818) 546-8575 • Telephone: (800) 227-2093

Date _____ e-mail address _____

Company Name		Parent Company	
Billing Address		Shipping Address	
City, State, Zip		City, State, Zip	
Telephone Number	Fax Number	A/P Contact	Purchasing Agent

Check One: Individual Partnership Corporation

Owner/Partner/Officer	Home Address		Telephone
Partner/Officer	Home Address		Telephone
Type Of Business	Year Established	At Present Location	No. Of Employees

Check One: Taxable Non-Taxable (send resale card) Est. Mo. Purchases _____

Trade References: (To expedite processing of this application please list Local references)

Name	Address	Telephone
City	State, Zip	Fax
Name	Address	Telephone
City	State, Zip	Fax
Name	Address	Telephone
City	State, Zip	Fax
Name	Address	Telephone
City	State, Zip	Fax

Bank Reference

Name	Address	Telephone
Checking Acct. No.	Savings Acct. No.	Fax

I/we agree to pay in accordance to the stated on each invoice, or to pay service charges of 2% per month on all balances which remain unpaid one (1) month following invoice date. In the event suit is filed to enforce payment, all sums due under this agreement, I/we agree to pay reasonable court and attorney fees. I hereby certify the above information is true in all respects.

Signature: _____ **Date:** _____
Owner or authorized individual

