



Please Complete and Fax
Back to 562 903-7292

CREDIT APPLICATION REQUIREMENTS

**** All must be completed and submitted to process application****

1. Must have signature and date on credit application. **(even if you send a preprinted information sheet)**
2. Must include a bank reference along with: Bank account number, Contact name, City, State, Phone and FAX number to obtain your bank information.
3. Must include three trade references along with: Account number, Contact name, City, State, phone and FAX number.

Once you have completes all requirements, please submit your application by mail or fax to:

Crainco, Inc.
P.O. Box 3008
Whittier, CA 90605-0008

Attn: Diane
(562) 903-7290 Phone
(562) 903-7292 Fax
info@craincoinc.com

Crainco, Inc.

P.O. Box 3008 Whittier, CA 90605-0008

Telephone 562.903.7290 * Fax 562.903.7292

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CREDIT APPLICATION

Company Information

Company Name _____

Address _____

Street

City

State

Zip

Telephone _____

Fax No _____

Email Address _____

Mailing Address _____

Street

City

State

Zip

Yrs in Business _____

Business Type _____

Business License No _____

City of Issuance _____

State Contractors License No _____

Ownership Type

Corporation

Partnership

Individual

State of Incorporation _____

Date of Incorporation _____

List Owner, Partner(s), or Corporate Officer(s) full name, address, and telephone number.

1.

Name

Street

City/State

Zip

2.

Name

Street

City/State

Zip

3.

Name

Street

City/State

Zip

Trade References

1. Trade Reference

Contact Name

Company Name

Telephone _____

Fax No _____

Address _____

Street

City

State

Zip

Email Address _____

2. Trade Reference

Contact Name

Company Name

Telephone _____

Fax No _____

Address _____

Street

City

State

Zip

Email Address _____

3. Trade Reference

Contact Name

Company Name

Telephone _____

Fax No _____

Address _____

Street

City

State

Zip

Email Address _____

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CREDIT APPLICATION**Bank Information**

Account Holder _____

Bank Name _____

Address _____
Street City State ZipTelephone _____ Fax No _____
(required)

Checking Acct # _____

Savings Acct # _____

Bank Contact Information (required for processing)

Contact Name _____

Telephone _____ Fax No _____
(if different from above) (if different from above)Email Address _____
(optional)**Terms**

Buyer agrees to pay interest at the rate of 1 1/2% per month on the unpaid balance after 30 days. This is an annual percentage rate of 18%.

Applicant's signature attests financial responsibility, willingness, and ability to pay Crainco in accordance with our terms of payment. If any action at law or in equity is necessary to enforce or interpret the terms of this agreement, debtor agrees to pay reasonable attorney's fees, court costs, and necessary disbursements, in addition to any other Relief to which the prevailing party may otherwise be entitled by such action.

The above information is for the purpose of obtaining credit information and is warranted to be valid and true. I/we hereby authorize Crainco, Inc., to whom this credit application is made, to investigate the references listed pertaining to my/our credit and financial responsibility.

Authorization to Release Information (required)

CRAINCO, INC. IS HEREBY AUTHORIZED TO CONTACT ANY AND ALL OF THE TRADE REFERENCES OR BANKING INSTITUTIONS PROVIDED, AND SUCH TRADE REFERENCES OR BANKING INSTITUTIONS ARE HEREBY AUTHORIZED TO RELEASE REQUESTED CREDIT INFORMATION TO CRAINCO, INC. BUYER AGREES AND ATTESTS TO FINANCIAL RESPONSIBILITY IN ACCORDANCE WITH TERMS OF PAYMENT.

Authorized Name _____ Title _____
(please print)

Authorized Signature _____ Telephone _____

Date _____ Email or Fax No _____
(fax preferred)**Office Use Only**

Customer ID # _____ Credit Approved (circle) Yes No

Credit Limit _____ Open Acct Letter _____ COD Letter _____

Reason For COD Status _____

Checked By _____ Date _____