ADVANCED ACCESSORY CONCEPTS

509 North Smith Ave
Suite 101
Corona CA 92880
Phone: 951.339.1460
Fax: 951.272.5911

APPLICATION FOR CREDIT

Company Name _____ Phone _____

DBA _____

Contact Name _____ Phone _____ Fax _____

Address _____ Years at Address _____

City _____ State _____ ZIP _____

Credit Manager _____ Phone _____ Fax _____

Federal Tax ID # _____ Resale # _____

Sales Tax ID # _____ D & B _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL - ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Individual Number of Years in Business _____

Ownership Information:

President _____ Address _____ City _____ State _____ ZIP _____

CFO _____ Address _____ City _____ State _____ ZIP _____

Controller _____ Address _____ City _____ State _____ ZIP _____

Finance Information:

Bank Name _____ Phone _____

Bank Address _____ Fax _____

City _____ State _____ ZIP _____ Account No _____

References:

Name _____ Address _____ Fax or Email _____

Name _____ Address _____ Fax or Email _____

Name _____ Address _____ Fax or Email _____

Name _____ Address _____ Fax or Email _____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS

Signed _____ Printed _____ Title _____ Date _____

Signed _____ Printed _____ Title _____ Date _____