



CREDIT APPLICATION

Please complete the application below by filling in the fields. If you are viewing it on the web, you should first save it to your computer using *File/Save As*. Fax the completed application to 323-725-6960.

APPLICANT COMPANY INFORMATION	
Company Name:	
Address:	
City:	State: Zip:
Phone:	Fax:
President/CEO:	A/P Contact:
Principal Owner Name (if not Pres/CEO):	
Principal Owner Home Address:	
Applicant Firm is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship	
Federal Tax ID # or Social Security # if a proprietorship:	
Corporation or LLC Formed:	State of Incorporation:

BANK REFERENCE	
Bank:	
Address:	
City:	State: Zip:
Phone:	Contact: Account #:

CREDIT REFERENCES	
Company:	Account #:
Address:	
City:	State: Zip:
Phone:	Fax: Contact:

Company:	Account #:
Address:	
City:	State: Zip:
Phone:	Fax: Contact:

Company:	Account #:
Address:	
City:	State: Zip:
Phone:	Fax: Contact:

CREDIT TERMS AND CONDITIONS
Applicant warrants that the above information is true and accurate. I/we hereby authorize DeskMakers, Inc. to contact the references to investigate Applicant's credit and financial responsibility. I certify that on behalf of Applicant, I am familiar with the terms shown on "Terms and Conditions of Sale" page in DeskMakers' price list, and that failure to abide by the terms and conditions shown may result in interest and/or late fees being assessed to Applicant's account.

Authorized Signature: X	Print Name:	Date:
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