



GRYPHON MOULDING

7089 BELGRAVE AVE.
GARDEN GROVE, CA.

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LOCAL TEL: 1-714-894-7151
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CREDIT APPLICATION FORM

COMPANY INFORMATION

Legal Form In Which Business Operates:			
Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company			In Business Since:
Name of Company Principal Responsible for Business Transactions:			Title:
Address	City	State	Zip
		Tel.	Fax
Name of Company Principal Responsible for Business Transactions:			Title:
Address	City	State	Zip
		Tel.	Fax

SHIP TO: INFORMATION (if different from above)

Last:	First:	Middle Initial:	Title
Name of Business:			Sales Tax I.D. Number
Address:			
City:		State:	Zip:
Telephone:		Fax:	Email:

BANK REFERENCES

Bank Name	Checking Acct No.	Contact Name
Address:		Tel: Fax:
Bank Name	Checking Acct No.	Contact Name
Address:		Tel: Fax:
Bank Name	Checking Acct No.	Contact Name
Address:		Tel: Fax:

TRADE REFERENCES

Company Name:		Company Name:		Company Name:	
City/State		City/State		City/State	
Phone		Phone		Phone	
Fax		Fax		Fax	
High Credit	Current Balance	High Credit	Current Balance	High Credit	Current Balance

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURE:

DATE: