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PMAI Wholesale Mall ()
 PMAI FAX

PMAI CREDIT APPLICATION FORM

Please type or print all information. Date of Application: / /

Company Name			DBA	
Billing Address				
Phone		Fax		
E-mail Address				
Shipping Address				
Phone		Fax		
Number of years in business		Federal Tax ID#		
A/P Contact		Seller's Permit #		
Legal Entity			In the State of	
(Circle One)				tion
Proprietors, Partners	<i>Sample</i>			
Name				
Address (Residence)				
Name				
Address (Residence)				
Name				
Address (Residence)	Social Security #			
Address (Residence)				
Trade Reference	Phone	Fax	Account#	
1				
2				
3				
Card Reference	Name	Card Number	Valid Dates	
VISA / MASTER				
VISA / MASTER				

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 _____ Title _____ Date _____

20910 Normandie Ave., #C, Torrance, CA 90502 Phone: (310) 618-6000 Fax: (310) 328-5805



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 (Shipping Address) FAX EMAIL PMAI