



840 Apollo Street, Suite 311, El Segundo, CA 90245

BUSINESS CREDIT APPLICATION

Full Business Name: _____ Date of Application: _____

Address: _____ Phone#: _____

City: _____ State: _____ Zip: _____ Fax#: _____

Nature of Business: _____ Date Established: _____

Type of Business [] Corporation [] Partnership [] Individual [] Limited Liability []

Business FEIN : _____ - _____

OFFICERS

Name: _____ Title: _____

Home Address: _____

Name: _____ Title: _____

Home Address: _____

Name: _____ Title: _____

Home Address: _____

BANK REFERENCES

Bank Name: _____ Phone#: _____ Fax: _____

Branch Address: _____

Contact Name: _____

Type of Account: [] Business Checking [] Business Savings Act# _____



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TRADE REFERENCES

Company Name: _____ Phone # _____ Fax: _____

Contact Name: _____ E-mail: _____

Company Name: _____ Phone # _____ Fax: _____

Contact Name: _____ E-mail: _____

Company Name: _____ Phone # _____ Fax: _____

Contact Name: _____ E-mail: _____

I hereby certify that I am authorized to provide the credit information on behalf of the entity listed and the information is true and correct. I understand that OWI will rely upon this information with respect to any credit decisions it may make, and that OWI is authorized to obtain a credit report and other credit information from any references or other sources for the purpose of its credit determinations.

Signature

Print Name

Title

FOR OFFICIAL USE ONLY

References Checked By: _____ Credit Approved Denied By: _____