

Credit Application

This credit request must be submitted for all new accounts, and for accounts inactive more than one year. Information will be verified and remains confidential.



1107 Johnson Ave.,
San Luis Obispo CA
93401-3303
805-781-2020

**PLEASE NOTE: All requested information must be completed, except as noted "optional".
FAX NUMBERS ARE MANDATORY on all trade and bank reference information. Thank you.**

FAX 805-782-5050

Section 1 - Applicant Information

A) - BUSINESS INFORMATION

Business Name _____ Proprietor Corp. LLC Municipal/Govt _____
Physical Address _____ Phone _____
City, State, Zip _____ Fax _____
Mailing Address (if different) _____
Email Address (optional) _____ Web URL (optional) _____
CA Applicants: Are your purchases sales tax exempt? No Yes (please attach SBE certificate) _____

B) - SOLE PROPRIETOR OR PARTNERSHIP:

Name _____ Soc Sec # _____
Home Address _____ Phone _____
City, State, Zip _____

C) - ALL OTHERS: For your TWO top executives in Procurement/Purchasing/Accounting (as applicable), authorized to act as LEGAL agent:

Full Name _____	Full Name _____
Position/Title _____	Position/Title _____
Direct Phone _____	Direct Phone _____

Section 2 - Trade References

Please provide a supplemental page with at least 4 trade references with whom you have established accounts or have done regular business for at least 2 years, Include the following: trade reference name, address, phone and fax (fax numbers are *mandatory* to process your application).

Section 3 - Banking Information

Please complete the Authorization for Release of Banking Information on the following page, and return to LetterBank with your application. Thank you.

Section 4 - Authorization

By my signature, I certify that I understand LetterBank credit terms below:
Net 30 days for accounts in good standing. **Account becomes overdue according to the terms printed on your invoice(s). All overdue accounts accrue finance charges at 24% from date of invoice.** Delinquent accounts are placed on "Prepay or C.O.D." status. Accounts reaching 90 days delinquency are referred automatically without further grace period to authorities for collection. Should LetterBank representative deem it necessary to seek assistance in collecting any past due amounts, all collection, bank, court and attorney fees will be added to the balance outstanding. See Terms & Conditions. I grant permission to LetterBank representative to verify bank account, trade references and credit histories.

**** The person signing below is an agent of applicant, authorized to incur debts on its behalf. Verification or proof may be required. ****

Authorized Company Representative Signature _____
Representative Name, Printed _____
Representative Legal Title _____ Date _____

OFFICE USE ONLY:

Reviewed By _____	Auth Manager _____
<input type="checkbox"/> Credit Granted (date) _____	Credit Limit _____
<input type="checkbox"/> Credit Denied (date) _____	Notes _____



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Authorization for Release of Banking Information

Applicant: Please complete the upper portion, sign and return with Credit Application.

CUSTOMER NAME AS SHOWN ON ACCOUNT _____

NAME(S) OF SIGNER(S) ON ACCOUNT _____

ACCOUNT NUMBER _____

BANK, BRANCH _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX (mandatory) _____

I authorize my bank to release information to LetterBank, in accordance with prevailing law, for the sole purpose of establishing credit.
I understand that any information shared will be kept in the strictest confidence.

Signature _____ Printed Name _____

Bank Personnel: Please verify information above, and complete the section below.

IS INFORMATION ABOVE ACCURATE? _____ ACCOUNT OPEN SINCE (Mo / Yr) _____

QUANTITY NSF TRANSACTIONS LAST 12 MONTHS (if quantity is 1, enter 0) _____

BALANCE RATING _____ CREDIT RATING _____

ALTERNATE RATING _____

VERIFIED BY (initial) _____ DATE _____

Fax this form to 805-782-5050

FOR OFFICE USE ONLY: