



WINCO INDUSTRIES CO.

12765 166TH ST. CERRITOS CA 90703

TEL: (562) 926-5600 * * * FAX: (562) 926-5678

APPROVED: _____ ID# _____ SALESPERSON: _____

CREDIT APPLICATION FORM

Typical Business: _____ Resale # _____

Company: _____ Doing business since: _____

Shipping Address: _____

Billing Address: _____ Apt/Bldg/Suite# _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Ext# _____ Fax: _____

Names of Officer/Owner/Partner

1. _____ Title _____ Tel: _____

2. Accounts Payable _____ Ext # _____ Purchaser: _____

Bank Reference

Name: _____ Account#: _____

Address: _____

Contact: _____ Tel:# _____ Fax: _____

Supplier Reference

1. Company: _____ Acct# _____

Address: _____

Contact: _____ Tel:# _____ Fax: _____

2. Company: _____ Acct# _____

Address: _____

Contact: _____ Tel:# _____ Fax: _____

3. Company: _____ Acct# _____

Address: _____

Contact: _____ Tel:# _____ Fax: _____

4. Company: _____ Acct# _____

Address: _____

Contact: _____ Tel:# _____ Fax: _____

Certification and Authorization to Release Information

I hereby certify that the information in this application is correct. The information included in this application is for the use of WINCO Industries Co. In determining the amount and conditions of credit to be extended, I understand that WINCO Industries Co. may also utilize other sources of credit information which it reliable in making this determination. Further, I hereby authorized the Bank and Supplier references listed in the credit application to release the information necessary to assist WINCO Industries Co.

Authorized Signature: _____

Printed Name: _____ **Title:** _____

PLEASE FAX US YOUR RESALE CERTIFICATE