

ITA

21800 OXNARD STREET, SUITE 420 WOODLAND HILLS, CA 91367

Tel: (800) 752-4741 / (818) 715-7080 Fax: (818) 715-7088

NEW ACCOUNT CREDIT APPLICATION

Date of Application: _____

Applicant Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____ Tel: _____ Fax: _____

Ship to Address: _____ City _____ State _____

Type Business (please check one): ☐ _____☐ Corporation ☐ Partnership ☐ Sole Proprietorship Federal Tax ID # _____

If Corporation, Date Incorporated: _____ Incorporated under the laws of which state: _____

President: _____ Tel: _____ Fax: _____

Financial Officer: _____ Tel: _____ Fax: _____

Purchasing Manager: _____ Tel: _____ Fax: _____

Accounts Payable Manager: _____ Tel: _____ Fax: _____

BANK REFERENCE

Name _____ Account No. _____

Address _____ Contact Name _____

City _____ State _____ Zip Code _____ Tel: _____ Fax: _____

>We authorize the bank to release, to ITA, information regarding our banking relationship. Initial: _____

TRADE CREDIT REFERENCES

Name _____ Credit Line _____

Address _____ Contact Name _____

City _____ State _____ Zip Code _____ Tel: _____ Fax: _____

Name _____ Credit Line _____

Address _____ Contact Name _____

City _____ State _____ Zip Code _____ Tel: _____ Fax: _____

Name _____ Credit Line _____

Address _____ Contact Name _____

City _____ State _____ Zip Code _____ Tel: _____ Fax: _____

Any information gathered from the above references will be used by ITA solely for the purpose of extending trade credit.

The undersigned:

* Warrants that the above information is true and correct.

* Agrees that the payment of all invoices will be according to the terms established by ITA and, understands that all amounts not paid by the due date are considered past due and delinquent and that ITA may charge a finance or delinquency charge on any amount which becomes delinquent.

* Agrees to be responsible for all outside agency and legal costs and fees associated with the collection of any delinquent balance.

* Represents that, as of this date, the applicant is solvent, able to pay its debts as they become due, and has not filed any petition in bankruptcy or for reorganization under any bankruptcy law.

Signature _____ Signature _____

Name (Print) _____ Name (Print) _____

Title _____ Title _____

Date _____ Date _____

PLEASE ATTACH A COPY OF YOUR CURRENT FINANCIAL REPORT

Form CR 01

Mail or Fax all documents to the **Credit Department** at the above address or number.