Name/Address:

Last: Initial:	First:		Middle	Title
Name of Business:				Tax I.D. Number
Address:				
City:	State:	ZIP:		Phone:

Company Information:

Type of Business:		In I	Business	Since:	
Legal Form Under Which Business Operates:					
	Corporation \square		Partne	rship 🗆	Proprietorship
If Division/Subsidiary, Name of Parent Company:			In Business Since:		
Name of Company Principal Ro	esponsible for Business Tr	ansactions:		Title:	
Address: C	ity:	State:	ZIP:	Phone:	
Name of Company Principal Ro	esponsible for Business Tr	ansactions:		Title:	
Address: C	ity:	State:	ZIP:	Phone:	

Bank References:

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

San Global, Inc. - Credit Application

18410 Keswick St., Unit # 1, Reseda, CA 91335 Email:info@sanglobalinc.com; Phone: 818-641-1215; Fax: 800-646-5940

Trade References:

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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	
Date	_