



CREDIT APPLICATION

1129 North Patt Street
 Anaheim, CA 92801
 (714) 738-6640
 (714) 738-6950 fax

CONTACT INFORMATION

Applicant Name:		Date:
Firm Name (DBA):		Contact:
Phone:	Fax:	Email:
Bill Address:		Physical Address:
City, State, Zip:		City, State, Zip:

BUSINESS AND CREDIT INFORMATION

Legal Company Name:				
Organization Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	
Customer Type:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Distributor	<input type="checkbox"/> Independent	<input type="checkbox"/> Other:
Nature of Business:		Total Annual Sales:		
No. of Employees:	Fed.ID or Soc.Sec.#:	Have you ever filed bankruptcy?		
Years in Business:	At Present Location Since:			
Date of Incorporation & State:	Contractor's Lic#, State & Class:			
Tax Exempt: [] NO [] YES, Resale Certificate is attached. Seller's Permit #				

PROPRIETORS, PARTNERS, OFFICERS OR SPOUSE

Name:	Title:	City & State:
Name:	Title:	City & State:

BANK REFERENCE

Bank Name:	Branch:	
Officer:	Account Number:	
Bank Address:	Email:	
City, State, Zip:	Phone:	Fax:

BUSINESS/ TRADE REFERENCES (If generic provided please include phone/fax/account #)

Blastrac/Diamatic Customer?: <input type="checkbox"/> No <input type="checkbox"/> Yes, Account #:		Currently Purchase From: <input type="checkbox"/> SD <input type="checkbox"/> Oklahoma	
Company Name:		Company Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Fax:	Phone:	Fax:
Company Name:		Company Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Phone:	Phone:	Fax:

PURCHASING INFORMATION

Name of Purchasing Manager:		Email:
Name of Contact for Payment:		Email:
Preferred method to receive invoice: E-MAIL USPS MAIL FAX		Requested Credit Line: \$
PO Req'd? <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized Buyers:	



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Bank Account Verification Form

Section A: Must be completed by Borrower – Must Sign.

Customer Name: _____
(Last, First, Middle Initial)

Financial Institution Name: _____
(Bank, Credit Union, etc...)

Bank Address: _____

Bank Representative: _____

Bank Phone Number: _____ Bank Fax Number: _____

Bank Routing Number: _____ Account Number: _____
(Must be 9 digit number)

Type of account: Business Checking _____ Business Savings _____
(Check all that apply) Personal Checking _____ Personal Savings _____

I authorize you to release the following information requested by **Quest Building Products, Inc.** concerning my checking/ savings account with your bank.

Borrower Signature: _____ **Date:** ____ / ____ / ____

Section B: Must be completed by Bank Representative

Has this account been open at least 6 months? ____ yes ____ no

Balance as of today: \$ _____

Bank Representative Name: (print) _____ Date: ____ / ____ / ____

Bank Phone Number: (____) _____ - _____ ext. ____

Bank Representative Signature _____

Please fax to Quest Building Products, Inc.: 714-738-6950
Bank must stamp this section to verify the information on this page:

