



**Core Recovery Corporation**  
**8940 Lurline Avenue**  
**Chatsworth, CA 91311**  
**Local: (818) 718-6083, Toll Free: 866-267-3732**  
**Fax: 818-772-1888**

# CREDIT APPLICATION

## CUSTOMER INFORMATION

Company Name:		DBA:	
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Business or Service Provided:			
Name and Address of Parent Company, If Applicable:		Name:	Address:
City:	State:	ZIP:	Credit Line Desired: \$
		OR	<input type="checkbox"/> Credit Card Prepay

## BUSINESS INFORMATION

Type of Business:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> DBA	<input type="checkbox"/> Corporation	State of Incorporation:
Fed I.D.#	State Tax Exempt/ Resale#		OR	Principal SS#	
Name of Principal(s)			Title(s):		

## BANK REFERENCE

Bank Name:	Phone:	Fax:
Branch & Address:		Acct #:
Your signature below authorizes the release of bank and other credit ratings, date account opened, and verifications of deposit including current balance and average balance.		Type of Account:
		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
		<input type="checkbox"/> Other

## CREDIT CARD PREPAY INFORMATION

Card Holder Name:	Billing Address:
City:	State: ZIP:
Credit Card #:	Expiration: Security (CVC) Code:
Your signature below authorizes CRC to charge your credit card prior to shipping any order. You agree that if the card declines you will be given an opportunity to provide an alternate card to charge and if you cannot provide this, the order will be shipped COD upon approval. You also agree to immediately inform CRC of any changes that occur to the credit card such as cancellation, change of address, expiration date or card number.	

## TRADE REFERENCES

**\*\*Trade references only necessary when requesting NET 30 Terms.**

<b>Company Name:</b>		Contact or Acct #:	
Address:		City:	State: ZIP:
Phone:	Fax:	E-mail:	Acct Type:
<b>Company Name:</b>		Contact or Acct #:	
Address:		City:	State: ZIP:
Phone:	Fax:	E-mail:	Acct Type:
<b>Company Name:</b>		Contact or Acct #:	
Address:		City:	State: ZIP:
Phone:	Fax:	E-mail:	Acct Type:

## AGREEMENT

- NET 30 applicant agrees to abide by the following terms and conditions: All invoices are due and payable NET 30. Invoices still due at 60 days are subject to credit hold and finance charges. Applicant further agrees to pay all collection costs & attorney fees if delinquent and to litigate the matter in a court in the State of California.
- Freight and pricing claims must be made within 30 days of invoice date. Claims must be made in writing via e-mail or fax.

## SIGNATURES

Printed Name:	Signature:	Title:	Date:
---------------	------------	--------	-------