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CREDIT APPLICATION

Company Name: _____.

Billing Address: _____.

City: _____ State: _____ Zip: _____.

Shipping Address: _____.

City: _____ State: _____ Zip: _____.

Phone: _____ Fax: _____.

Federal ID: _____ Resale Number: _____.

Type of Organization: Individual Partnership Corporation Others: _____.

Contact Information:

Position	Contact Name	Phone #	E-mail Address
Owner			
Buyer			
Accounts Payable			

Bank Name: _____.

Contact: _____ Account # _____.

Address: _____ Phone # _____.

Trade References:

Company	Address	Fax #	E-mail Address

Credit Limit Requested: _____.

Type of Business: Distributor Wholesaler Door Shop Locksmith Others: _____.

Years in Business: _____ # of Employee: _____ Annual Sales Volume: \$_____.

Submitted by: _____ Title: _____ Date: _____.

For the purpose of obtaining credit with PAMEX INC. I declare the above information to be true and accurate. Also, by signature I hereby authorize PAMEX INC. to investigate the credit information on the application.