

CREDIT APPLICATION

(Return via FAX, then MAIL original)

TradeWinds International

**P.O. Box 12396
La Crescenta CA 91224-5396**

..... SOLE PROP. PARTNERSHIP CORP.
COMPANY NAME

.....
ADDRESS CITY STATE ZIP

.....
PHONE # FAX # E-MAIL CA. RESALE CERTIFICATE #

.....
YEARS IN BUSINESS INCORPORATION DATE STATE OF INCORPORATION

.....
TYPE OF BUSINESS EMPLOYER IDENTIFICATION # (E.I.N.)

.....
NAME(S) OF PRINCIPAL OWNER(S)

.....
S.S.N.(S) OF OWNER(S)

.....
ANTICIPATED MONTHLY PURCHASES CREDIT LIMIT REQUESTED

During the last FIVE years, have any Principles, Officers, Partners, or Controlling Shareholders: (Explain YES answers on reverse)

Filed for protection under Bankruptcy laws in any State? YES NO

Made any assignment to creditors of a substantial portion of personal assets? YES NO

Participated in any business which filed for Bankruptcy, ceased doing business? YES NO

Participated in any business which assigned to creditors a substantial portion of business assets? ... YES NO

TRADE / BANK REFERENCES

.....
BUSINESS NAME (1) BUSINESS NAME (2)

.....
ADDRESS (1) ADDRESS (2)

.....
CITY, STATE, ZIP (1) PHONE # CITY, STATE, ZIP (2) PHONE #

.....
BUSINESS NAME (3) BANK NAME ACCOUNT NUMBER(S)

.....
ADDRESS (3) BANK ADDRESS

.....
CITY, STATE, ZIP (3) PHONE # CITY, STATE, ZIP PHONE #

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT I (WE) CAN & WILL COMPLY WITH YOUR STANDARD BUSINESS TERMS AS OUTLINED ON EVERY **TradeWinds International** INVOICE AND STATEMENT.

.....
DATE Signature Signature

.....
Title Title

toll free: 888-463-3003 ☎ voice: 818-500-1921 ☎ fax: 818-500-3973 ☎ e-mail: tradewinds@usa.com