



PASCO SPECIALTY & MFG., INC.
P.O. Box 1747 Lynwood, CA 90262
Phone (310) 537-7782 • Fax (310) 537-9633

From the Credit Dept.

APPLICATION FOR CREDIT

Company Name		Date
Street Address	P.O. Box	Area Code Phone #
City/State/Zip		Area Code Fax #
Shipping Street Address	Years established _____	If less than five (5) please attach a current financial statement.
City/State/Zip	Type of Business	

Ownership: Individual Partnership Corporation/State of _____

Name and addresses of owners, partners or officers

Name of authorized buyers

Are purchase orders required? <input type="checkbox"/> yes <input type="checkbox"/> no	
If this is a division, subsidiary or other operating unit of another company please name company	

Bank Name	Branch	Account Number
Telephone:	Name of person familiar with your business	
Street address		City/State/Zip

TRADE REFERENCES MUST HAVE FAX NUMBERS

Name	Telephone
Address	Fax #
Name	Telephone
Address	Fax #
Name	Telephone
Address	Fax #

PLEASE RETURN TO CREDIT DEPARTMENT FAX 310/537-9633

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize PASCO to investigate the references listed pertaining to my/our credit financial responsibility.

Firm _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoice in accordance with our terms. Our terms are 2% 10th PROX, Net 30th to approved accounts. Invoices not paid by the 30th of the month following invoice date will be considered past due and subject to a 1 1/2 % per month interest charge.

Signature _____

Title _____ **Date** _____