THE WALTON COMPANY

ORIGINATORS OF PROTECTOMAT
17900 SAMPSON LANE • HUNTINGTON BEACH, CA 92647 • SALES/MANUFACTURING (714) 847-8800 • FAX (714) 847-3142

APPLICATION FOR CREDIT

The information given below will be used only for the purpose of determining credit:

PLEASE TYPE OR PRINT CLEARLY

NAME OF BUSINESS:

BILLING ADDRESS: CITY STATE ZIP

SHIPPING ADDRESS: **(If different from billing address)**

PHONE NUMBER ( ) FAX NUMBER ( ) # OF YEARS IN BUSINESS RESALE NUMBER

TYPE OF BUSINESS:

☐ CORPORATION ☐ INDIVIDUAL/ PROPRIETORSHIP ☐ PARTNERSHIP ☐ OTHER _____

OWNERS NAME(S):

TRADE REFERENCES WHERE CREDIT IS ESTABLISHED:

	NAME	ADDRESS	PHONE NUMBER
1.			( )
		CITY STATE ZIP	
	NAME	ADDRESS	PHONE NUMBER
2.			( )
		CITY STATE ZIP	
	NAME	ADDRESS	PHONE NUMBER
3.			( )
		CITY STATE ZIP	

BANK REFERENCE: ACCOUNT NUMBER

ADDRESS PHONE NUMBER ( )

All credit applications are accepted on the basis of applicant complying with our credit terms of sale which are NET 30 DAYS. Non-payment of current charges may result in withdrawal of credit privilege. In the event any legal action is required to collect any indebtedness owed, applicant agrees to pay all of seller's cost of collection, reasonable attorney fees and court costs as fixed by the court. Delinquent accounts will be subject to a service.

SIGNATURE OF OWNER OR PRINCIPAL TITLE DATE