



727 Venice Blvd  
Los Angeles, CA 90015

www.readandcompany.com

Phone: 213-749-9451  
Fax: 213-749-9762

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ Owned Since \_\_\_\_\_

Ownership: Sole Ownership  Partnership  Corporation  Fed Tax ID# \_\_\_\_\_

Owner \_\_\_\_\_

Name Home Address Phone# Social Security #

Partners: (1) \_\_\_\_\_

Name Home Address Phone# Social Security #

(2) \_\_\_\_\_

Name Home Address Phone# Social Security #

Corporation: President \_\_\_\_\_ Treasurer \_\_\_\_\_

Vice President \_\_\_\_\_ Secretary \_\_\_\_\_

Bank \_\_\_\_\_ Acct No. \_\_\_\_\_

Account Rep./Phone No. \_\_\_\_\_ Checking  Savings

Bank \_\_\_\_\_ Acct No. \_\_\_\_\_

Account Rep./Phone No. \_\_\_\_\_ Checking  Savings

Trade References Amount of Credit Requested Per Month \_\_\_\_\_

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Terms \_\_\_\_\_ When Opened \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Terms \_\_\_\_\_ When Opened \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Terms \_\_\_\_\_ When Opened \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 1/2% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

A facsimile application received will be considered an original copy. The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Company \_\_\_\_\_

Billing Address \_\_\_\_\_

Required on Invoice: P.O. No.  Job No.  Job Name  Person Ordering

A/P Email : \_\_\_\_\_