



Open an Account Credit Application

Feders Company

5721 Lankershim Blvd.
North Hollywood, CA 91601
Toll Free: 888-353-8444
Phone: 818-985-6009 & 323-851-8333
Fax: 818-985-9732

FOR FEDERS COMPANY USE ONLY:

CREDIT APPROVED

CREDIT LIMIT \$ _____

CREDIT REFUSED

Please print this form and then fill it out, then fax it to us! We must have a signature

Fax: 818-985-9732

BUSINESS NAME _____
STREET ADDRESS _____
P.O. BOX _____ P.O. BOX ZIP _____ EMAIL _____ WEBSITE ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____
TYPE OF BUSINESS _____ DATE ESTABLISHED _____

OWNERSHIP - CHECK ONE BELOW

THIS BUSINESS IS A CORPORATION (IF CHECKED, GIVE NAMES OF CORPORATE OFFICERS)

NAME _____ TITLE _____
NAME _____ TITLE _____
FED ID# _____

THIS BUSINESS IS A SOLE PROPRIETORSHIP (IF CHECKED, FILL OUT THE INFORMATION BELOW)

OWNERS NAME _____ SSN _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

THIS BUSINESS IS A PARTNERSHIP (IF CHECKED, FILL OUT THE INFORMATION BELOW)

PARTNERS NAME _____ SSN _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

PARTNERS NAME _____ SSN _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

IF BILLS ARE PAID BY A PARENT COMPANY, FILL IN THE INFORMATION BELOW

PARENT COMPANY _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

BANK REFERENCES

SAVINGS NAME _____ ACCT# _____
 CHECKING BRANCH _____
 LOAN STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

SAVINGS NAME _____ ACCT# _____
 CHECKING BRANCH _____
 LOAN STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

COMMERCIAL TRADE REFERENCES: GIVE ONLY NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT. REFERENCES WILL NOT BE CONSIDERED VALID UNLESS FULL NAMES AND ADDRESSES ARE INCLUDED. PLEASE LIST A MINIMUM OF THREE.

1. NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

2. NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

3. NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

4. NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE# _____

[click here for PERSONAL GUARANTEE \(WE MUST HAVE IF CORPORATION\)](#)

Required Authorization Signature Below

AMOUNT OF CREDIT DESIRED MONTHLY \$ _____

RESALE PERMIT # _____ [CLICK HERE TO FILL OUT RESALE FORM](#)

PURCHASE ORDER REQUIRED? YES NO

BILLING INSTRUCTIONS _____

SHOULD FEDERS COMPANY APPROVE THIS APPLICATION, I/WE AGREE TO PAY FOR GOODS PURCHASED WITHIN 30 (THIRTY) DAYS OF INVOICE DATE. FEDERS COMPANY IS AUTHORIZED TO CONTACT ANY REFERENCES OR BANKS LISTED ABOVE. IT IS UNDERSTOOD THAT ANY INFORMATION OBTAINED WILL BE USED SOLELY FOR GRANTING CREDIT. SERVICE CHARGES AT THE HIGHEST RATE PERMITTED BY STATE LAW WILL BE APPLIED TO PAST DUE ACCOUNTS. SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT THROUGH AN ATTORNEY, LEGAL PROCEEDINGS, OR OTHERWISE, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEYS FEES.

BUSINESS NAME _____

STREET ADDRESS _____

P.O. BOX _____ P.O. BOX ZIP _____ EMAIL _____ URL _____

CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

DATE _____

TITLE _____

SIGNATURE _____

AUTHORIZED BUYER/ CO. OFFICER/ PARTNER