



Confid, Inc.
 20280 S. Vermont Ave. Suite 200
 Torrance, CA 90502, U.S.A.
 Tel (310)532-2210 Fax (310)515-6893
 www.confriad.us

Credit Request

Date: _____

The following information is provided for the purpose of setting up or extending credit to our company. The information contained herein is, to the best of our knowledge, accurate and may be relied upon for credit decision purposes. We hereby authorize our bank and suppliers to provide you with any information you deem necessary to complete your evaluation of our credit worthiness and to establish a credit limit sufficient to maintain our account in good standing.

Name: _____ Signature: _____ Title: _____

Standard Terms are Net 30 days from Invoice date : Extended Terms Request _____

Company Name _____ Contact _____

<u>Billing</u>	
Address _____	Suite, APT# _____
City _____	State/Province _____
Zip/Postal Code _____	Country _____
Tel _____ Fax _____	email _____
<u>Shipping (<input type="checkbox"/> same as billing)</u>	
Address _____	Suite, APT# _____
City _____	State/Province _____
Zip/Postal Code _____	Country _____
Tel _____ Fax _____	email _____

Type of Business Corporation Proprietorship Partnership LLC Other _____
 If incorporated: State/Province of Incorporation _____ Year _____

Account Receivable Contact _____ email _____
 Purchasing Contact _____ email _____
 Bank _____ Account No. _____
 Address _____ City _____
 State/Province _____ Zip/postal Code _____
 Contact _____ Tel _____ Fax _____

Trade References

Company _____ Tel _____ Fax _____
 Address _____ City _____
 State/Province _____ Zip/postal Code _____
 Company _____ Tel _____ Fax _____
 Address _____ City _____
 State/Province _____ Zip/postal Code _____
 Company _____ Tel _____ Fax _____
 Address _____ City _____
 State/Province _____ Zip/postal Code _____

Office Use only: Date Received _____ Credit Limit \$ _____ Approved by _____