

FOR OFFICE USE ONLY

Credit Limit: _____

P.O. Box 9321 Fresno, CA 93791 Tel: (559) 495-3300 Fax: (559) 225-2962

CUSTOMER INFORMATION

Email: lori@expodecor.com

	PARTY = DECOR = AUDIO VISUAL LINUII. IOII@CXP	ouccor.com						
	Last: F	First:		M.I.	Title	::		
NAME / ADDRESS	Business Name:				Tax	I.D. # OR	Social Security #:	
	Address:				Ema	il:		
	City:	State:	Zip:		Pho	ne:		Fax:
COMPANY INFORMATION	Type of Business:			In Business Sin	ce:	Nu	ımber of Employees:	Credit Amount Requesting:
	Legal Form Under Which Business Operates: CORPORATION		ATION	PARTNERS			HIP	PROPRIETORSHIP
	If Division/Subsidiary, Name of Parent Company:							
	Name of Company Principal Responsible for Business Transactions:			Title:				
	Address: Cit	ty:		State	:	Zip:	Phone	2:
	Name of Company Principal Responsible for Business Transactions:			Title:				
	Address: Cit	ty:		State	:	Zip:	Phone	2:
BANK REFERENCES	Institution Name:	Institution Na	me:				Institution Name:	
	Checking Account #:	Savings Accou	ınt #:				Other:	
	Address:	Address:					Address:	
	Phone:	Phone:					Phone:	
TRADE REFERENCES	Company:	Company:					Company:	
	Contact:	Contact:					Contact:	
	Address:	Address:					Address:	
TRAD								
	Phone:	Phone:					Phone:	
	Fax:						Fax:	
to be infor an ac credi	Indersigned hereby certifies that the information contained herein is comple extended. Furthermore, the undersigned hereby authorizes the financial i extended that should a cree Iditional charge equal to the cost of collection including court costs. The und thistory may be a factor in the evaluation of the credit history of the applic ne as may be needed, in the credit evaluation process. The undersigned here	nstitutions listed in t dit account be opened ersigned individual w ant, hereby consents	his credit applicat d, and in the even vho is either a prir to and authorizes	tion to release nece t of default in the p ncipal of the credit a the use of a consu	essary info payment of applicant o mer credit	rmation to t fany amoun or a sole prop report on th	he company for which credi It due, and if such account is prietorship of the credit appli ne undersigned by the above	t is being applied for in order to verify the submitted to a collection authority, to pay cant, recognizing that his or her individual named business credit grantor, from time
Company:			Date:					
Authorized Signature:						Title:		
Please PRINT Your Name:								

Customer #: _____ Approved By: _____

Date: _____