

# CALA APPAREL, Inc.

201 W. 138<sup>th</sup> St. Los Angeles, CA 90061  
Tel: (310)515-5560 Fax: (310)515-5606

## CREDIT APPLICATION

PLEASE FILL OUT COMPLETELY AND FAX BACK TO ACCOUNTING MANAGER AT FAX NUMBER 310-515-5606

Name of Firm: \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Address : \_\_\_\_\_

Shipping Address : \_\_\_\_\_

Legal Entity : Corporation ( ) Partnership ( ) Ind. Prop ( ) Other ( )

How long in this business \_\_\_\_\_ Seller Permit# \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

### Proprietors, Partners or Officers (All must be included)

1) \_\_\_\_\_  
Name Home Address

\_\_\_\_\_  
Telephone Social Security # Driver License (Include State)

2) \_\_\_\_\_  
Name Home Address

\_\_\_\_\_  
Telephone Social Security # Driver License (Include State)

3) \_\_\_\_\_  
Name Home Address

\_\_\_\_\_  
Telephone Social Security # Driver License (Include State)

### Credit References:

1) \_\_\_\_\_  
Name Address Telephone

2) \_\_\_\_\_  
Name Address Telephone

3) \_\_\_\_\_  
Name Address Telephone

### Bank Information

\_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_  
Account# Type of Account Contact Person

I authorize the above mentioned bank and credit references to release the information requested to CALA APPAREL, Los Angeles, California regarding my company.

Signature \_\_\_\_\_

Date of Application: \_\_\_\_\_