

Ventura Highway Inc.
Phone# 310-417-3050
P.O. BOX 90915
LOS ANGELES CA 90009
Fax# (310)216-7173
Credit Manager: Susie Irving
Terms: Net 30 Days

Credit Application

Business Name: _____

Physical Address: _____

Billing Address: _____

Phone# _____ Fax# _____

Federal Tax ID/ Social Security # _____

Type of Business _____ Date of Established: _____

Ownership: _____ Sole Owner _____ Parnership _____ Corporation

Principal: Name _____ Phone# _____

Address: _____

Name _____ Phone# _____

Address: _____

Bank Name: _____ Phone# _____

Address: _____

Account # _____

Refresnces: Local if Possible

Name: _____

Address: _____

Phone# _____ Fax# _____

Name: _____

Address: _____

Phone# _____ Fax# _____

Name: _____

Address: _____

Phone# _____ Fax# _____

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration for credit exteneded.

Signed: _____ Title _____

Printed Name: _____ Date _____

Please return Via Email to Susie@venturahighwayinc.com