



315 W La Cadena Dr. Riverside, CA 92501
Tel: (888) 822-5824 Fax: (877) 868-8663

CREDIT APPLICATION

BUSINESS INFORMATION

Business Legal Name: _____

Other Trade Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Email: _____

Contact Person Name: _____ Ext: _____

Accounts Payable Name: _____ Ext: _____

Type of Ownership: () Corporation in the state of: _____

() Partnership () Sole Proprietorship () Other

Year Established: _____ D&B: _____

Bank Name: _____

Bank Address: _____

Bank Tel: _____ Bank Fax: _____

Bank Contact Person: _____

Bank Acct. #1 _____ #2 _____

Federal Tax ID: _____

Resale Certificate: _____

(Attach a copy of resale certificate for business in CA)

Owner/Partner/Officer: Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Authorized Signature: _____ **Date:** _____

(Must be a Principal)

By applying for an open account, the applicant agrees to the terms and conditions as stated in the Kitchen Center by Tcc pricing schedule.