



# CREDIT APPLICATION

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SafewayExpressLAX.com | 11917 Inglewood Ave, Hawthorne, CA 90250

**NEW CUSTOMERS:** To apply for a credit account, please complete this application and return it to Safeway Express. All information is held in confidence. Please type or print clearly.

## COMPANY

Legal Name \_\_\_\_\_ DBA \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Corporation, State of \_\_\_\_\_

Nature of Business \_\_\_\_\_  Partnership

Years in Business \_\_\_\_\_  Proprietorship

Other (Describe) \_\_\_\_\_

1. President/Principal(s) \_\_\_\_\_

2. Finance or A/P Manager \_\_\_\_\_

3. Purchasing Manager \_\_\_\_\_

Ship to Address \_\_\_\_\_

Invoice Address (if different) \_\_\_\_\_

## BANK REFERENCES

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_ No. of Years \_\_\_\_\_

Street/PO Box \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

## TRADE REFERENCES

1. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name/Title \_\_\_\_\_ Fax \_\_\_\_\_

2. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name/Title \_\_\_\_\_ Fax \_\_\_\_\_

3. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Name/Title \_\_\_\_\_ Fax \_\_\_\_\_

I (we) certify that the above information is correct and true. I (we) authorize you to contact the references provided above.

**AUTHORIZED BY** \_\_\_\_\_