



(800) 551-POSI (7674) Fax: (949) 609-6745



RESTAURANT MANAGEMENT SYSTEM

12 Morgan
Irvine, CA 92618

SALES REP: _____

CREDIT APPLICATION

Company Name:		Date of Application:	
Street Address		Phone #	Fax #
City		State	Zip Code
Prior name(s) under which you did business in five(5) previous years			
Name	Address	City	State

GENERAL INFORMATION

	Owner, Partners or Officers	% of Ownership	Age	Title	Residence Address
1	Name				
2	Name				
3	Name				

Amount of Credit Desired:	Are you exempt from sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts Payable Contact:	Resale No.:
Date Founded:	Parent Company:
At Present Location Since Date:	Street
Legal Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation State of: _____	City State Zip Code Relationship to Parent Company: <input type="checkbox"/> Branch <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary
Date Incorporated:	If your company is a subsidiary, is there any formal guaranty by the parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please attach copy
Are Premises Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of Business (i.e.: Fast Food, Fine Dining):	
D&B Number:	Current Financial Statement Included <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE REQUIRED ON TERMS CONDITIONS IN ORDER TO PROCESS APPLICATION.

All sales are subject to the Terms and Conditions contained herein.

BANK INFORMATION

Bank Name:				Bank Contact Officer:	
Street Address			Phone No.		Fax No.
City	State	Zip Code	Type of Account and Account No.		
Credit Line?	Unsecured <input type="checkbox"/>	Secured <input type="checkbox"/>	Secured By		
Bank Name:				Bank Contact Officer	
Street Address			Phone No.		Fax No.
City	State	Zip Code	Type of Account and Account No.		
Credit Line?	Unsecured <input type="checkbox"/>	Secured <input type="checkbox"/>	Secured By		

List of Principal Suppliers

Information is obtained via fax, please provide fax numbers

Name				Account No.	
Street Address				Credit Line	
City	State	Zip Code	Unsecured <input type="checkbox"/>	Secured <input type="checkbox"/>	
Phone No.	Fax No.		Secured By		
Name				Account No.	
Street Address				Credit Line	
City	State	Zip Code	Unsecured <input type="checkbox"/>	Secured <input type="checkbox"/>	
Phone No.	Fax No.		Secured By		
Name				Account No.	
Street Address				Credit Line	
City	State	Zip Code	Unsecured <input type="checkbox"/>	Secured <input type="checkbox"/>	
Phone No.	Fax No.		Secured By		

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