



COI RUBBER
PRODUCTS

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VER: 26R2

BUSINESS CREDIT APPLICATION

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL.
ALL INFORMATION IS CONFIDENTIAL AND IN COMPLIANCE WITH COMPANY POLICY.**

CREDIT LIMIT REQUESTED: _____

CREDIT APPLICANT:

Company Name: _____ Name (President): _____
 Address: _____ Years at this Address: _____
 City: _____ State/Province: _____ ZIP/Postal Code: _____
 Phone Number: _____ Fax Number: _____
 Type of Business: _____ Tax I.D. Number: _____
 Legal Form Under Which Business Operates: _____
 Corporation Partnership Proprietorship Individual Other
 Name of Parent Company (If Division/Subsidiary): _____
 Name of Company Principal Responsible for Business Transactions: _____
 Address: _____
 City: _____ State/Province: _____ ZIP/Postal Code: _____
 Phone Number: _____ Fax Number: _____

BANK REFERENCE:

Institution Name: _____ Account Type: _____ Account Number: _____
 Address: _____
 City: _____ State/Province: _____ ZIP/Postal Code: _____
 Contact Name: _____
 Phone Number: _____ Fax Number: _____

TRADE REFERENCES:

REFERENCE 1:
 Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State/Province: _____ ZIP/Postal Code: _____
 Phone Number: _____ Fax Number: _____
 REFERENCE 2:
 Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State/Province: _____ ZIP/Postal Code: _____
 Phone Number: _____ Fax Number: _____
 REFERENCE 3:
 Company Name: _____ Contact Name: _____
 Address: _____
 City: _____ State/Province: _____ ZIP/Postal Code: _____
 Phone Number: _____ Fax Number: _____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR CREDIT TERMS AND CONDITIONS. WE PERSONALLY GUARANTEE ALL DEBTS OWED TO COI RUBBER PRODUCTS, INC., AND WE HEREBY GRANT AUTHORITY FOR RELEASE OF ACCOUNT INFORMATION FROM OUR BANK TO COI RUBBER PRODUCTS, INC. FOR THE PURPOSE OF CREDIT INQUIRY.

Signed: _____

Date: _____

Print Name: _____

Title: _____