

Phone: 323.469.4073 Toll Free: 800.635.3523 Fax: 323.469.4072 Email: info@dinaart.com http://www.dinaart.com

## CREDITAPPLICATION

Business Name:						
Address:						
City:	St	ate:	_ ZIP	Code:		
Phone [for past years]:		Fax:				
Federal Tax ID Number:					☐ Corporation	
Resale Permit [CA Company only]: _					_ Partnership	
DBA:	Date E	stablished:		/	_	
	Ownership					
Principal:						
Name	Trade references related to a	rt publishing (	only		Fax / Phone	
	Bank Reference	ee				
Name of Bank	Address		Account No. Type of Account			
Line of credit requested: \$	Esimated Annual Sales: \$		Sales	Area:		
Authorized Company Agent: Name:			Title:			
Direct Phone Line:	Drivers Lic.#:		Exp. D	ate:	//	
The undersigned $\square$ will / $\square$ will not submit a financial statement. Any misrepresentation in this application be considered evidence of a fraud, since this information is the basis for the granting of credit. As an inductor of grant credit, the undersigned warrants that the information submitted is true and correct. Dina Art Comparis authorized to investigate the credit references listed.			ucement	FOR OFFICE USE ONLY. HOW APPLIED:		
Name:	Title:	Title:		☐ PHONE ☐ MAIL ☐ FAX  SPOKE WITH		
Signature:	Date:	/ /		IAVEN BI		