

Looney Bins, Inc. Credit Application

12153 Montague Street, Pacoima CA 91331 • (818) 485-8200 • Fax (818) 485-8338
 Federal ID# 95-4704325



****Note: Please fill out form completely to avoid delays.****

Requested Credit Amount \$ _____

Company Name _____ Phone _____

Address _____ Fax _____

City, State Zip _____ Contact _____

Contractors License No. _____ Federal Tax ID _____ Year Established _____

Entity: Individual Partnership Corporation State of Incorporation _____

Principal(s):

Name _____ Name _____

Position _____ Position _____

Date of Birth _____ Date of Birth _____

Drivers License # _____ Drivers License # _____

Home Phone _____ Home Phone _____

Bank Name _____	Bank Address _____
Account # (usu. 10 digits) _____	_____
Routing # (9 digits) _____	Bank Phone # _____
Credit Card# _____ - _____ - _____ - _____	Exp date ____/____/____
Name as it appears on card _____	Security Code _____
Billing Address: _____	

PLEASE LIST FOUR BUSINESS REFERENCES:

COMPANY / CONTACT PERSON	COMPANY ADDRESS	CUSTOMER ACCOUNT #	PHONE No & Fax No
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Credit Investigation: I, the undersigned, affirm that the information provided on this application is true and correct. I give LOONEY BINS, INC. explicit approval to investigate my credit and to verify credit references.

 Date Authorized Signature Title