

Credit Application – Arizona

FAX COMPLETED APPLICATION TO (714) 893-3984 OR E-MAIL TO JVALDEZ@CRRMAIL.COM

CONTACT INFO: CREDIT DEPARTMENT (800) 826- 9677 EXT 2219

Please complete the information below and sign indicating your authorization for us to obtain any credit information necessary

Name of Business: _____

Business Address: _____

Service Address: _____

Business Phone: (____) _____ **Business Fax:** (____) _____

Contact Name: _____ **A/P Contact:** _____ **E-Mail Address:** _____

Type of Business: _____ **Federal ID#** _____ **DUNS#** _____

Credit Limit Requested: \$ _____ **Web Site:** _____

Name of Owners and/or Partners and/or Corporate Officers:

Owners Name	Home Address	Phone	Social Security #	Drivers License #
1.		()		
2.		()		
Officers Name	Home Address	Phone	Title	Social Security #
1.		()		
2.		()		

Trade References

Company Name	Address	Phone/Fax #	Contact	Acct #
1.				
2.				
3.				

Bank Information:

Bank Name	Address	Phone/Fax #	Contact	Acct #
Loan Information	Address/Phone	Amount	Term	Secured by

Payment in advance for services is required until credit is approved? _____ YES _____ NO

By signing below, I authorize CR&R Incorporated and any of its subsidiaries to obtain information from any of the sources listed above for the purposes of establishing credit in addition to revising credit limits as prompted by further payment performance. I understand the basis for granting credit will be determined upon the information obtained. CR&R Incorporated reserves all rights in regards to the decision credit and the amount of credit, if any, granted.

Authorized Signature **Date**

Authorized Signature **Date**

Printed Name

Printed Name

For internal use only:

Account Number: _____ **Sales Rep/ CSR:** _____ **Date:** _____

Credit Amount: _____ **Date approved:** _____ **Manager approved:** _____