



8350 Rex Rd., Suite B  
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## Customer Application Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

### Trade References:

#1 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#2 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#3 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms Request: (Please Circle) COD NET10 NET30 Credit Limit: \_\_\_\_\_

### Bank Reference:

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

The undersigned authorizes person and companies listed above to release credit information. Information will be used solely for credit reference purposes and will not be shared. The undersigned, also agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances. Delinquent balances may also be subject to interest charges.

Signature \_\_\_\_\_ Name Printed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_