

E.C. Ferrer CHB, Inc.
 4425 Atlantic Ave. Ste. A14
 Long Beach, CA 90807

CREDIT PROFILE

Date:	Client Account#:		
Company Name:	DBA:		
Address			
Phone	Fax#		
E-mail	Website		
LEGAL BUSINESS STRUCTURE (Check appropriate box)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe)			
Federal Tax ID#	Dunn & Bradstreet#		
In Business since	Corporation or LLC Incorporation / Formation		
CUSTOMER CONTACT: (Officer)		BILLING CONTACT (Owner)	
Name	Name:		
Phone	Phone		
E-mail	E-mail		
BANK REFERENCE			
Bank Name	Bank Account Type		
Bank Address	City/State/Zip Code		
Bank Contact	Bank Phone#		
TRADE REFERENCES (** Provide at least three (3) references)			
Company Name	Contact Name	E-mail	Phone#
1.			
2.			
3.			
TERM OF PAYMENTS			
Payment is due eight (8) days from the date of our invoice. Past due invoice subject to monthly late fee charge.			

CONFIRMATORY SIGNATURE & AUTHORIZATION

Signatory below must be the authorized officer or representative of the company and information provided herein is a complete, factual, and accurate representation of the company's current financial portfolio. Fraudulent information will default this agreement. This signed agreement also authorizes E.C. Ferrer CHB, Inc. to contact above mentioned Trade and Bank referenced companies for credit worthiness as needed for evaluation and verification purposes.

Signature _____ Name _____

Title _____ Date _____