Corporate Office: 7751 Hayvenhurst Avenue • Van Nuys, CA 91406 • Phone: (818) 785-888 FAX: (818) 901-2170				
	fidential <u>Cash / COD</u>	Account Applicat	ion	
Sales Rep: Business (Legal) Name:			Phone.	
Mailing Address(No P.O. Box):				
City, State, Zip Code:				
Email Address:				
Contractor License No:			No:	
Type of Business: Proprietorsh				
Business Started:				
Parent Company (If Subsidiary)				
Address:				
City, State, Zip Code:				
Owner(s)/ Partners/ Officers Title N	ame I	Residence Address	Ног	me Phone
1				
2				
Bank References Name of Institution	Type of Account	Account No.	Phone	Fax
1				
I hereby authorize the above named f Products, Inc.	ïnancial institution to release refer	rence information to the Cre	dit Department of G	Old Master
Signed:	Print Name:		_ Date:	
The purpose of this application is to c account into our computer system to wholesale only to licensed contractor get the information we are requesting If Old Master Products, Inc. takes lega incurred in the collection process, inc days will incur a service charge of 1	track sales. Old Master Products s. In an effort to verify the validity g above to achieve this. al action to collect any amounts, the cluding court cost and reasonable	is in t he business of selling y of the customers we are sel nen Old Master Products, Inc attorney's fees. All amounts	hardwood flooring ling to, it is extreme has the right to re	and supplies ely important ecover all cost