

# CHARMAN MANUFACTURING

## CREDIT APPLICATION

PLEASE COMPLETE APPLICATION IF YOU DO NOT HAVE AN ESTABLISHED ACCOUNT WITH CHARMAN MANUFACTURING. YOUR COOPERATION IN PROVIDING US INFORMATION WILL ENABLE US TO PROCESS YOUR INITIAL ORDER PROMPTLY. WE PRIDE OURSELVES ON OUR SERVICE AND THE QUALITY OF OUR MERCHANDISE. MANY THANKS FOR YOUR ORDER.

**TO APPLY ONLINE: [www.charmaninc.com](http://www.charmaninc.com)  
PHONE 213-489-7000 FAX 213-489-7075**

COMPANY NAME _____	
STREET ADDRESS _____ P.O. BOX _____	
CITY _____ <input type="checkbox"/> STATE _____ ZIP _____	
PHONE ( ) _____ FAX _____ E-MAIL _____	
I would like to receive special offers via fax and email.	
OWNER _____ CONTACT/BUYER _____	
YEARS IN BUSINESS _____ NO. OF EMPLOYEES _____ NO. OF TRUCKS _____	
TOTAL MONTHLY PURCHASES _____ BEST TIME TO CONTACT _____	
<b>TRADE REFERENCES:</b> PLEASE COMPLETE WITH MAILING ADDRESSES OF YOUR FOUR MAIN SUPPLIERS. WE ACCEPT TRADE REFERENCES ONLY. CHARGE CARDS, PERSONAL REFERENCES AND EXTRA BANK REFERENCES ARE NOT ACCEPTABLE.	
1 COMPANY NAME _____ STREET ADDRESS _____ P.O. BOX _____ CITY _____ STATE _____ ZIP _____ PHONE _____	3 COMPANY NAME _____ STREET ADDRESS _____ P.O. BOX _____ CITY _____ STATE _____ ZIP _____ PHONE _____
2 COMPANY NAME _____ STREET ADDRESS _____ P.O. BOX _____ CITY _____ STATE _____ ZIP _____ PHONE _____	4 COMPANY NAME _____ STREET ADDRESS _____ P.O. BOX _____ CITY _____ STATE _____ ZIP _____ PHONE _____
BANK REFERENCE _____	
BANK NAME _____ ACCOUNT NO. _____	
MAILING ADDRESS _____ PHONE NO. _____	
CITY _____ STATE _____ ZIP _____	
Our normal credit terms are 1% 10 days— Net 30 days. PAST DUE ACCOUNTS WILL BE SUBJECT TO A 1-1/2% PER MONTH SERVICE CHARGE	
We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.	
Authorized Signature (required) _____	Owner's Name (if different from Authorized Signature) (Print or type) _____
Print or type name _____	Date _____