



Van Leeuwen Enterprises, Inc.

Fax (818) 890-2903

Dealer No. Territory: Approved Date Limit
Denied: Reason:
Bank Reference Date Opened Ave Bal: Months Satisfactory?

DO NOT WRITE ABOVE THIS LINE-FOR OFFICE USE ONLY

DEALER APPLICATION

NOTE: ALL APPLICABLE SPACES MUST BE COMPLETED BEFORE PROCESSING MAY BEGIN.

Name of Company Check one: Prop. Corp. Part.
Address City State Zip
Type of Business Annual Sales \$
Phone Number: Do you have a D&B rating?
Fax Number:

PRINCIPALS IN BUSINESS

Name Title
Home Address Home Phone ( )
City, State, Zip
Name Title
Home Address Home Phone ( )
City, State, Zip
Name Title
Home Address Home Phone ( )
City, State, Zip

Purchasing Manager Bookkeeper
Resale Tax # Year Business Established

Name of Bank Contact Name
Account # Bank Phone ( )
Address City State Zip

TRADE REFERENCES (Please list C.O.D. or open accounts)

Table with 3 columns: Name of Company, Address, Phone. Multiple rows for trade references.

Upon Approval of this application, terms will be C.O.D. Company check accepted. Failure to comply with these terms will result in account being placed on a CASH ONLY basis.

STATEMENT OF PROPRIETOR OR RESPONSIBLE OFFICER: I acknowledge and represent that all information contained herein is true, accurate and current, and that the information contained herein will be used in making a credit determination.

Signature/Title Date

13275 Paxton Street, Arleta CA 91331-2383