

Service Center

CREDIT APPLICATION



Medsco Fabrication and Distribution, Inc. 958 N Eastern Ave., Los Angeles, CA 90063

os Angeles, CA 90063 Phone: 323-263-0511 Fax: 323-266-3270 Including Medsco Fabrication and Distribution. Inc.

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Company Name							Date
Mailing Address		City		State	Zip Code		
Street Address		City		State	Zip Code		
Telephone Fax No.			Years Established		Tax Exempt Num	ber (submit form)	
Type of Business Corporation				Partnership	<u> </u>	Proprietorship	
State of Incorporation		· ·			Date		
Principal Office	Address					Telephone	
Owner/President			Add	1000			receptions
Chief Financial Officer							
Accounts Payable							
PLEASE NOTE-C	ONLY INCL	UDE FAX	NUMBER	S FOR BA	ANK AND	TRADE RE	FERENCES
Bank Reference		Account Numbers		Address		FAX	
Name							
Account Officer/Contact							
Trade Re	eferences			Address			Fax
1			7.000				
2							
3							
***Terms Net 30 Days			Approximate I	Monthly Cred	it Requested \$; ;	
I understand that Tinco Sheet Mat I am authorized in my capa Medsco Fabrication & Distributi lower may be charged to all accexpenses, including attorney's to	acity to bind my fi ion, Inc.). An add counts not paid w	rm accordingly, ditional two perc vithin thirty (30) o	that all accounts ent (2%) service days from the dat	or monies shal charge or the r te of invoice. Ir	I be due and pay naximum amoun	able to Tinco She t permitted by ap	eet Metal, Inc. (or its subsidiary, olicable state law, whichever is
Owner/Corp Signature			Name and Title			Date	
	ıst be filled in c	ompletely be	fore credit will	be extended.			
			FOR OFFICE	E USE ONL	Y		
Date Opened						Customer Number	•