

# AMBASSADOR INDUSTRIES

2754 W. Temple St., Los Angeles, CA 90026  
(213) 383-1171 • CA (800) 334-9668 • US (800) 334-9667  
Fax (213) 383-3003

## INSTANT CREDIT FORM

Firm Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Form of Ownership:  Corporation,  Partnership,  Individual  
How Long in Business: \_\_\_\_\_ Resale Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

### INDUSTRY TRADE REFERENCES (Please complete all 3)

1. Vendor Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
2. Vendor Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
3. Vendor Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

### BANK INFORMATION

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
1. Account # \_\_\_\_\_ 2. Account # \_\_\_\_\_

It is understood and agreed that in the event amounts are not paid when due, the applicant will pay a service charge of 1.5% per month and any collection costs, attorney fees, or court costs, should collection services be necessary. Jurisdiction and venue of any legal action, by either party, are hereby agreed to be in Los Angeles County, State of California. The undersigned confirms that the above information is complete and accurate, and authorizes Ambassador Industries to obtain credit information from the above trade and bank references.

Name of Authorized Individual: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_