

**BUSINESS CREDIT APPLICATION**  
**JOHN LENORE & COMPANY**  
**1250 DELEVAN DRIVE, SAN DIEGO, CA 92102**  
**TEL (619) 232-6136 FAX (619) 232-8468**

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # Years in Business: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Alcoholic Beverage License #: \_\_\_\_\_

Check One:  Corporation  Partnership  Sole Proprietorship  LLC  Government

**NAMES OF OFFICERS/OWNERS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending Litigation?  If Yes, Details: \_\_\_\_\_

Bankruptcy Filed:  If Yes, Date, City & State of Filing: \_\_\_\_\_

**CREDIT AND TRADE REFERENCES:**

NAME	ADDRESS	ACCOUNT NUMBER
BALANCE DUE	TELEPHONE/FAX NUMBER	CONTACT PERSON
NAME	ADDRESS	ACCOUNT NUMBER
BALANCE DUE	TELEPHONE/FAX NUMBER	CONTACT PERSON

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ CHECKING ACCT #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ Date Opened: \_\_\_\_\_

The information contained in this Application is provided for the purpose of obtaining credit with you. The undersigned represents and warrants the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements to determine my creditworthiness. The undersigned agrees any disputes arising out of this agreement for merchandise ordered or delivered will be governed and settled under applicable principles of law, under jurisdiction of the State of California Courts and that venue in any such action shall be in the County of San Diego.

By signing this application I acknowledge and accept that a service charge will be added to past-due invoices each month in the amount of 1.0% (annual rate 12.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization.

DATE: \_\_\_\_\_

Office Use Only: Rev 8/12/10

SIGNED: \_\_\_\_\_

Date Received: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Approved by: \_\_\_\_\_

TITLE: \_\_\_\_\_

Customer #: \_\_\_\_\_