



700 Cardona Ave
Chula Vista, California 91910
P: 209-317-9078 F: 209-317-9020

CREDIT APPLICATION FOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

- 1. All invoices are to be paid NET 15. Full Payment Due No Later than 30 days from the Invoice Date.**
2. Claims arising from invoices must be made within seven working days of receipt of Invoice.
3. By submitting this application, you authorize CHP, or its agent/s to make inquiries into the Banking and Business/Trade References that you have supplied.
4. Email Completed Form as an attachment to jeff@chplogistics.com or FAX to: (209) 317-9020

SIGNATURES

Title:	Title:
Date:	Date: