



**COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Will you send a copy of your independently reviewed Financial Statement? \_\_\_\_\_

If No, Why? \_\_\_\_\_

What type of Corporation are you?     S-Corp     C-Corp     Partnership     Sole Proprietorship

How long have you been in business? \_\_\_\_\_

Nature of your business? \_\_\_\_\_

Number of Employees: \_\_\_\_\_

What is your average Revenue for the last three years? \_\_\_\_\_ Debt? \_\_\_\_\_

Fed Id # \_\_\_\_\_

Please provide on a separate sheet the names, addresses, and Tax numbers of any related corporations  
(Parent Companies, Subsidiaries, DBA, Sister Companies, etc.)

**TRADE REFERENCE**

Name: \_\_\_\_\_

Account#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Fax**(REQUIRED): \_\_\_\_\_

**TRADE REFERENCE**

Name: \_\_\_\_\_

Account#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Fax**(REQUIRED): \_\_\_\_\_



**TRADE REFERENCE**

Name: \_\_\_\_\_  
 Account#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax<sub>(REQUIRED)</sub>: \_\_\_\_\_

**TRADE REFERENCE**

Name: \_\_\_\_\_  
 Account#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax<sub>(REQUIRED)</sub>: \_\_\_\_\_

**BANK REFERENCE RELEASE AUTHORIZATION**

I have requested credit from Ci Design Company. Please accept my / our signatures below as authorization to release, either verbally or in writing, the credit information Ci Design requests from you regarding my / our banking relationship with you. Thank you.

\_\_\_\_\_  
Authorized Signature (on file at bank)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name above (Printed)

\_\_\_\_\_  
Corporation Name

\_\_\_\_\_  
Bank Name/Contact Individual

\_\_\_\_\_  
Account Number (checking)

\_\_\_\_\_  
Account Number (Saving/ Money Market)

\_\_\_\_\_  
Bank / Branch

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Fax / Phone Number **(Required)**

**Please return via fax to 949-679-1573  
Attn : Credit Department**

20 Odyssey, Irvine, CA USA 92618  
Ph: 1-949-872-2555 Fax: 1-949-679-1573