

**MOOLOOLABA**  
2200 Cesar Chavez Street #7  
San Francisco, CA 94124  
Tel. & Fax: 415 970.0733  
Email to: lori@mooloolabaus.com

Prospective Credit Application  
Complete and Sign

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

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

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Buyer: \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_ Tel.: \_\_\_\_\_

Month & Year Established: \_\_\_\_\_

State Sales Tax/Resale No. \_\_\_\_\_ County and State: \_\_\_\_\_

Use 3 suppliers whom  
We may contact to verify  
Activity and for credit purposes

\_\_\_\_\_  
Name Address Tel.

\_\_\_\_\_  
Name Address Tel.

\_\_\_\_\_  
Name Address Tel.

Business Bank Information: (Name, City & State, Tel.) \_\_\_\_\_

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

Please briefly describe your type of business: \_\_\_\_\_

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Signed by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Applications will not be processed without a signature