

YTC Summit International, Inc.

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Credit Application

Please type or print in black or blue ink.

Company Name (and DBAs if applicable): _____
Billing Address: _____
City, State, Zip: _____
Shipping Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ E-mail Address: _____

Type of Ownership (Check One Only): Corporation _____, Partnership _____, Sole Proprietorship _____, Non-Profit Organization _____
Principal Owners:

Full Name Title Social Security No. DOB

Full Name Title Social Security No. DOB
In Business Since: _____
Type of Business (Check One Only): Retail _____, Concession _____, Kiosk _____, Wholesaler/Distributor _____, Government _____
If Chain Store, List Number of Stores: _____ Kind of Store (Gift Shop, Florist, etc.): _____

THIS SECTION MUST BE COMPLETED FOR COD AND NET 30 ACCOUNTS.
Bank Name: _____
Branch Address: _____
City, State, Zip: _____
Checking Account No. _____ Savings Account No. _____

YOU MUST LIST AT LEAST THREE TRADE REFERENCES.
(1) Company Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Contact: _____ Phone: _____ Fax: _____
(2) Company Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Contact: _____ Phone: _____ Fax: _____
(3) Company Name: _____
Address: _____
City, State, Zip: _____
Account No. _____ Contact: _____ Phone: _____ Fax: _____