



SILVEX INTERNATIONAL, INC.
640 South Hill Street, Suite 246, Los Angeles, CA, 90014
Tel: (213) 362-6951 (800) 383-3116 Fax: (213) 622-2657

Credit Application

Firm Name: DBA (if any):

Address:

Phone #: Fax #: Years in Business:

Type of Business: Resale Number:

What credit limit are you applying for?

- C.O.D. Account Under \$1,000 \$1,001 - \$3,000
\$3,001 - \$5,000 \$5,001 - \$10,000 Over \$10,000

Table with 3 columns: Owner(s) or Officer(s), Owner(s) or Officer(s). Rows include Name & Position, Home Address, Phone No., Social Security No., DLN. (Indicate State), Date of Birth.

Table with 3 columns: Company Bank Account Reference:, Personal Bank Account Reference:. Rows include Bank Name, Branch Address, Phone # Fax #, Checking Acct. No., Banking Officer.



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	Trade Reference (1)
Company Name	
Mailing Address	
Phone No.	
Fax No.	
Acct. # (if applicable)	

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Company Name	
Mailing Address	
Phone No.	
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Applicant hereby authorizes SILVEX INTERNATIONAL, INC. to obtain credit and financial information concerning them at any time and from any source including banking institution(s).

The undersigned represents and warrants that all the information contained in this application is true, correct and complete. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Applicant agrees to pay reasonable attorney fees plus interest at the legal rate in case of default in payments in compliance with terms. Applicant also agrees to pay all disbursements for collection efforts in case of default. A 0.8% late charge will be levied on all balances past due sixty days.

Applicant Name (Please Print) _____ Title _____

Applicant Signature _____ Date _____