Authorized Signature:

Phone (323) 585-2000 Fax (323) 585-4445

Full Name: _____

Personal Credit Application

	Personal Credit Appli	ication	
Owner's Name:	Date:		
Business Name:			
Business Address:			
City:		State:	Zip:
Business Telephone:		Business Fax	:
Home Address:			
City:		State:	Zip:
Home Telephone:		Years in Business:	
Social Security #:		Date of Birth	:
Driver License No.		State Issued:	
Trade References: (Give Names	of only those you buy on Open	Account).	
Co. Name:	City:	St:	Ph#:
Co. Name:	City:	St:	Ph#:
Banking Info:			
Bank:	Branch:		Ph#:
Checking Account No	Contact Person:		
By signing below, we hereby request the personal of our company. We authorize future. We acknowledge and agree that a days. The undersigned agrees to personate be made strictly according to the term removals, extensions, or the like grantes successors and assign of guarantors. We CARD. Guarantors agree that this Guarantees that venue for any action broug ANGELES COUNTY, or another count and be responsible for payment of all according to the term removals.	DISCOUNT KING INC. to receive a finance charge of 1.5% per month will assume any liability incurred by the sherein. This shall be an open and code by seller. This guarantee shall inure authorize DISCOUNT KING INC to anty Agreement shall be interpreted unight by Creditor to enforce any terms ty, at the option of Creditor. The understanding in the shall be interpreted unique to the shall be interpret	and exchange cro l be charged on a e above company continuing guara e to the benefit o charge any unj der the laws of s of the Guarant signed hereby pe	edit information at present and in the all balances remaining unpaid after 30 and guarantees that all payments will intee, not withstanding any charges, of and bind the heirs, administrators, paid account balance to our CREDIT the STATE OF CALIFORNIA and by Agreement shall be take in LOS resonally and jointly guarantees to pay