



**CREDIT APPLICATION AIRPORT MARINA HONDA CREDIT APPLICATION**  
**5850 Centinela Ave., Los Angeles, CA 90045 (310) 649-3673**

Company Name \_\_\_\_\_ Resale Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Accounts Clerk \_\_\_\_\_  
 Premises Owned ( ) Rented ( ) If Rented, Landlord and Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 IF COMPANY IS A CORPORATION, LIST OFFICERS BELOW

President \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Vice Pres. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Treasurer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 IF COMPANY IS A CORPORATION, ENTER PERSONAL GUARANTEE BY SHAREHOLDER

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Shareholder's Signature (X) Sign \_\_\_\_\_  
 IF COMPANY IS A PARTNERSHIP, LIST PARTNERS BELOW

Name (1) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(3) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

IF COMPANY IS A SOLE PROPRIETORSHIP, COMPLETE THE FOLLOWING

Proprietor's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Prior Employment \_\_\_\_\_

BANKING REFERENCE: Bank Account No. Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Address \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Address \_\_\_\_\_

**SUPPLIERS' REFERENCE:**

Name (1) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(3) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(4) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Authorization To Investigate Credit (X) Sign \_\_\_\_\_ Title \_\_\_\_\_

**BILLING AND LATE CHARGE:**

PAYMENT ON ACCOUNT IS DUE 15 DAYS FROM BILLING DATE. IF BUYER FAILS TO PAY FULL STATEMENT WITHIN 30 DAYS THE BUYER SHALL PAY A LATE CHARGE OF 1 1/2 % ON THE UNPAID BALANCE. IN ORDER TO SELL GOODS AND EXTEND CREDIT ALL AT THE DISCRETION OF THE SELLER, THE UNDERSIGNED (A) HEREBY CERTIFIES THE ACCURACY OF THE STATEMENT SET FORTH IN THIS APPLICATION: (B) AGREES TO PAY THE LATE CHARGE SET FORTH ABOVE AND ALL COLLECTION COST AND ATTORNEY FEES: (C) WAIVES TRIAL BY JURY.

Signed (X) Company Name \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If Corporation, Signed (X) Individually (Guarantor) By \_\_\_\_\_ Date \_\_\_\_\_

**Fax application to 310-649-5622**