



COMPANY INFORMATION

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Purchasing Contact: _____ A/P Contact: _____
Will you send a copy of your independently reviewed Financial Statement? _____
If No, Why? _____
What type of Corporation are you? S-Corp C-Corp Partnership Sole Proprietorship
How long have you been in business? _____
Nature of your business? _____
Number of Employees: _____
What is your average Revenue for the last three years? _____ Debt? _____
Fed Id # _____

Please provide on a separate sheet the names, addresses, and Tax numbers of any related corporations
(Parent Companies, Subsidiaries, DBA, Sister Companies, etc.)

TRADE REFERENCE

Name: _____
Account#: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Fax(REQUIRED): _____

TRADE REFERENCE

Name: _____
Account#: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Fax(REQUIRED): _____



TRADE REFERENCE

Name: _____
 Account#: _____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Phone: _____
 Fax_(REQUIRED): _____

TRADE REFERENCE

Name: _____
 Account#: _____
 Address: _____
 City: _____
 State: _____
 Zip Code: _____
 Phone: _____
 Fax_(REQUIRED): _____

BANK REFERENCE RELEASE AUTHORIZATION

I have requested credit from Ci Design Company. Please accept my / our signatures below as authorization to release, either verbally or in writing, the credit information Ci Design requests from you regarding my / our banking relationship with you. Thank you.

Authorized Signature (on file at bank)

Date

Name above (Printed)

Corporation Name

Bank Name/Contact Individual

Account Number (checking)

Account Number (Saving/ Money Market)

Bank / Branch

Address

City/State/Zip

Fax / Phone Number **(Required)**

**Please return via fax to 949-679-1573
Attn : Credit Department**

20 Odyssey, Irvine, CA USA 92618
Ph: 1-949-872-2555 Fax: 1-949-679-1573