



100 Aquarium Way Long Beach, CA 90802  
Phone: (562) 950-3100 Fax: (562) 590-3109

**APPLICATION FOR CREDIT (PART II)**

BUSINESS INFORMATION

Company Name		
Company Federal I.D #	TRW/Dun & Bradstreet #	
Type of Business		
Phone Number	Fax	e-mail
Billing Address		
Billing/AP Contact		
Shipping Address <input type="checkbox"/> Same as above		
Operating as a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual		
Year business started	If subsidiary, name of Parent Company	

NAME OF PRINCIPALS

1) Owner or Officer Name	Title	Phone:
2) Owner or Officer Name	Title	Phone:
3) Owner or Office Name	Title	Phone:

REFERENCES

1) Company Name	Account Number		
Phone Number:	Fax Number:		
Address	City	State	Zip
2) Company Name	Account Number		
Phone Number:	Fax Number:		
Address	City	State	Zip
3) Company Name	Account Number		
Phone Number	Fax Number		
Address	City	State	Zip

BANKING REFERENCES

1) Bank	Branch		
Address	City	State	Zip
Phone Number	Savings Acct. No.		
Checking Acct. No.	Savings Acct. No.		
2) Bank	Branch		
Address	City	State	Zip
Phone Number	Savings Acct. No.		
Checking Acct. No.	Savings Acct. No.		

AUTHORIZED SIGNATURE

The undersigned applies for credit with the Aquarium of the Pacific and declares the above statements to be accurate. The undersigned hereby guarantees payment in accordance with Aquarium of the Pacific credit terms. Any changes must be requested in writing, approved and on file in the credit office of the Aquarium of the Pacific • The undersigned further agrees that in the event that any collection or legal action must be brought to enforce any contract with the Aquarium of the Pacific, the undersigned party shall be responsible for reasonable attorney fees, collection costs and any necessary expenses incurred. All claims will be filed in the State of California. • I authorize our bank and any of the references provided above to release information requested by the Aquarium of the Pacific for the processing of our application for credit. • Terms of credit: Invoices are sent at the end of the month. Please pay by invoice, no statement of account will be sent. Payment is due and payable 30 days net from date of invoice, and if not paid by that time they are considered past due. A service charge of 2% per month will be added to all past due amounts. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
MUST BE SIGNED BY AN AUTHORIZED OFFICER

Part I and Part II of the credit application must be submitted in order to process the credit check.