



Albabici, llc – 1500 Mariner Drive – Unit B – Oxnard, CA 93033 – Tel (805) 385-3179 – Fax (805) 385-3189 – www.albabici.com - email: info@albabici.com

DEALER APPLICATION

(Please print or type and include **A Copy of Your Sales Tax License**)

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Business Type: Proprietorship _____ Incorporated _____ Partnership _____

In business since: _____

Federal I.D.# _____ State Resale # _____

Owned By: _____ President: _____

Accounts Payable contact: _____ Phone NO: _____

Credit References:

	Name & Address	Phone NO	Fax NO
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank and Credit Card Authorization:

Bank Name: _____ City: _____ State: _____

Phone NO: _____ Fax NO: _____

Account: Checking _____ Saving _____

Store Credit Card: _____ Name on Card: _____

Exp. Date: _____ Authorization Code : _____

C/C mailing address: Street _____ Zip Code _____

You are hereby authorized to release information on all our accounts maintained at our bank to Albabici, llc. including average balance, activity, and NSF history.

You are hereby authorized to charge on our credit card for the balance on our account over 60 days from invoice due date and mail either our account statement or invoices with credit card receipt to us.

The information given in this application is complete and accurate, and authorizes Albabici, llc. to check with credit reporting agencies, credit references, banks, and other sources disclosed herein in investigating the information given.

DATE: _____

(Authorized Signature)

(Authorized Print Name)