



Billing Information Application

Jobs will not be started until application is received and reviewed. If you do not wish to use a credit card, your order may be shipped COD.

Please Fax to 562-436-7237

Business Name: _____ Date: _____

Owner/Mgr: _____ Contact: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Address: _____

City: _____ City: _____ Zip: _____

Is the shipping address the same as above? YES NO

If no, shipping address: _____

Would you like us to ship to your FEDEX or UPS shipping account number? YES NO

FEDEX or UPS Shipping Account Number: _____

Default method of shipping. We will ship using this method unless you specify differently when you place your order.

Priority Overnight Standard Overnight Second Day

Credit Card Information

This card will be kept on file as the default credit card. We will receive authorization from you prior to charging your credit card.

Type of credit card: _____

Credit Card #: _____ Exp. Date: _____

Name as it Appears on Credit Card: _____

Billing Address on Credit Card: _____

Signature of Owner/Mgr: _____