

Tel: (213) 623-6122 Fax: (213) 623-6219

CREDIT APPLICATION

Company Information			
Name			
Address	City	State	Zip
Telephone	Fax		
Business Established	Resale Number	State	
Applicant Information			
Name	Social Security Number		
Spouse Name	Social Security Number		
Home Address	City	State	Zip
Previous Address (if less than 5yrs)	City	State	Zip
Telephone	Driver's License	Date of Birth	
Bank Information			
Name	Account Number		
Address	City	State	Zip
Type of Account			
Trade References (Include Gold Trade References Only)			
1) Name	Contact		
Address	City	State	Zip
Telephone	Fax		
2) Name	Contact		
Address	City	State	Zip
Telephone	Fax		
3) Name	Contact		
Address	City	State	Zip
Telephone	Fax		
The undersigned hereby authorizes LINE GOLD INC, and its representatives and agents to inquire and receive information about the undersigned's accounts from any and all of the bank and trade references now or hereafter provided to LINE GOLD INC. The undersigned agrees that this credit application shall not blind LINE GOLD INC. in any way. Any credit approval from LINE GOLD INC. must be approved in writing by a duly authorized representative of LINE GOLD INC. Accounts past due 30 days or more will be charged interest at the rate of 1½% per month or 18% per year or the highest rate allowed by law. In the event any matter must be referred to an attorney or collection agency to enforce any indebtedness owed by the undersigned to LINE GOLD INC, the undersigned agrees to pay all reasonable costs incurred thereof including but not limited to collection fees and attorney fees. It is understood that all purchases are for resale.			
I am a duly authorized officer of the firm identified herein above and the above representations have provided above.	been made in order to obtain credit from LINE GOLD IN	C, I hereby authorize LINE GOLD II	NC, to verify any information
Signature		Date	
Print Name		Title	