Bacico, Inc.
8001 Kelok Way
Clayton, CA 94517
925-672-6716 Office
925-672-6618 Fax

.

APPLICATION

LEGAL NAME OF BUSINESS

ADDRESS | **CITY** | **COUNTY** | **STATE** | **ZIP**

PHONE | **FAX** | **CONTACT** | **TAX ID #**

E-MAIL ADDRESS | **WEB-SITE ADDRESS**

BUSINESS TYPE *(Check one)*
CORPORATION☐ PROPRIETORSHIP☐ PARTNERSHIP☐ LIMITED LIABILITY CORPORATION☐

TIME IN BUSINESS
Years in Business _____

NATURE OF BUSINESS

PRINCIPAL(S)	**TITLE**	**SOCIAL SECURITY NO.**	**HOME ADDRESS**	**DATE OF BIRTH**
1.				
2.				

BANK REFERENCES *(list all banks used for last 5 years)*	**ACCT. NO.**	**ACCOUNT TYPE**	**CONTACT**	**PHONE**
1.				
2.				

TRADE/CREDIT REFERENCE	**ACCOUNT NO.**	**PHONE NO.**	**CONTACT**
1.			
2.			
3.			

INSURANCE AGENT *Name, Contact, and Phone No.*

BANK, TRADE & CREDIT RELEASE

I HEREBY AUTHORIZE OUR BANK AND TRADE REFERENCES TO RELEASE THE INFORMATION REQUESTED BY AND/OR ITS ASSIGNS REGARDING OUR COMPANY'S ACCOUNTS WITH YOUR FIRM. I ALSO AUTHORIZE YOU TO OBTAIN PERSONAL CREDIT INFORMATION ON ALL PRINCIPALS AND OR GUARANTORS LISTED ABOVE, FROM ANY REPORTING AGENCY, USED BY AND/OR ITS ASSIGNS PLEASE RESPOND TO THEIR TELEPHONE REQUEST OR BY FAX IF YOU NEED WRITTEN PROOF OF THE REQUEST AND OUR RELEASE.

THIS IS YOUR WRITTEN AUTHORIZATION TO RELEASE THE INFORMATION REQUESTED.

BY:_____ DATE:_____

BY:_____ DATE:_____

PLEASE FAX TO 925-672-6618