



PROGUARD GROUP
1001 B Avenue, Suite #100
San Diego, CA 92118
Ph. 844-PRO-GARD
Fax 888-244-5333
www.proguardbuilding.com

CREDIT APPLICATION

Name/Address

Salesman:

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	Zip	Phone:
Web Site	E- mail:	Fax:	

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation	Partnership Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:



Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I/We authorize PROGUARD to investigate the applicant's and my/our credit history (both business and personal), bank references and any information deemed necessary by PROGUARD to extend credit. I/W e agree to: (a) immediately notify PROGUARD in writing, delivered in person or by certified mail return receipt requested, of any change in applicant's ownership, form of business, address, or the termination of a person's authority to incur charges under the Account and (b) indemnify defend and hold PROGUARD harmless for any loss incurred thereby as a result of my/our failure to provide said written notice. This agreement shall remain in full force and effect until written notice of revocation is receive by PROGUARD.

Signature

Date

Print NAME

Return Completed Application to:

PROGUARD
FAX 8882445333
TEL 844 PRO-GARD