



1640 S. Vermont Ave. L.A., CA 90006  
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## CASH ACCOUNT APPLICATION

Please complete all of the information requested. Your application cannot be processed without it.

**BUSINESS NAME:**

**ADDRESS:**

Include **CITY, STATE & ZIP CODE.**

**TEL:**

**FAX:**

**E-MAIL ADDRESS:**

**BUSINESS TYPE:**

**YEAR STARTED:**

**INDIVIDUAL**

**PARTNERSHIP**

**CORPORATION**

**DRIVER'S LICENSE#:**

**STATE ISSUED:**

**DATE EXPIRES:**

**PRINCIPAL NAME:**

**LAST NAME**

**FIRST NAME**

**HOME ADDRESS:**

Include **CITY, STATE & ZIP CODE.**

**HOME TEL:**

**CELL:**

I certify that all the above information on this form is correct. I fully understand my responsibility to pay in accordance with your terms.

**PRINT NAME:**

**DATE:**

**SIGNATURE:**

**TITLE:**