



Tinting Hawaii's Windows Since 1982

FID: 99-0216738

CREDIT APPLICATION

CUST	OMER NAME: _							
SIKE	LI ADDRESS:							
CITY,	STATE, ZIP CO	DE:	F. d	EAV.	NO			
CITY, STATE, ZIP CODE: Ext PHONE NO: Ext EMAIL ADDRESS:				FAX	FAX NO:			
EMATI	L ADDRESS:							
MAIL	ING ADDRESS:_					_		
	-			4,				
BUSIN	IESS TYPE:	SOLE PROPI	RIETORSHIP _	CORPORAT	ION	PA	RTNERSHIP	
				ER OF YEARS IN				
POSITION PRESIDENT/OWNER:			NAME		PHON	IE NUI	MBEK	
ACCC	ILINITO DAVARIE	•					9	
PLIRC	HASING.							
PURCHASING:SALES TAX NO:				D & B NO:				
0, 1221								
ESTIMA	TED MONTHLY PURC	HASES: \$	AM	OUNT OF CREDIT REC	QUESTED:	\$		
		PLEASE SUB	MIT THREE CRE	DIT REFERENCES				
1.	NAME:			FAX NO:				
	ADDRESS:			CONTACT:_				
	CITY, STATE:			MONTHLY V				
	ZIP CODE:			NET:	30	60	90	
2.	NAME:			FAX NO:				
	ADDRESS:			CONTACT:_				
	CITY, STATE:			MONTHLY V	OLUME:	\$		
	ZIP CODE:			NET:	30	60	90	
3.	NAME:			FAX NO:				
	ADDRESS:			CONTACT:_				
	CITY, STATE:			MONTHLY V	OLUME:	\$		
	ZIP CODE:			NET:	30	60	90	
		<u>B</u>	BANKING AFFILI	ATION				
DANIZ	NIA NAT.			DUONE NO.				
BANK NAME:BRANCH:			PHONE NO:					
אוארועו	CI II			CONTACT:_				
AUTH	ORIZED SIGNATU	RE:						
TITLE	; !			DATE:				
	WHO 2023 II							