BUSINESS CREDIT APPLICATION

Breeze Suites
Attn: Leasing Office
609 Broadway
Santa Monica, CA 90401

For faster credit approval
Please fax or email to:
310-512-6080
info@breezesuites.com

Company Name _____ Type of Business _____ Phone Number _____ Fax Number _____

Contact Name _____ Contact Email _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type of Ownership: o Corporation o Partnership o Sole proprietor Years in business: _____

TAX ID NO._____ DUNS NO. _____

Parent company names (If different than above): _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Bank References

1. _____
   Name _____ Phone Number _____ Fax Number _____
   Account Number_____ Contact: _____
2. _____
   Name _____ Phone Number _____ Fax Number _____
   Account Number _____ Contact: _____

Open Accounts References

1. _____
   Name _____ Phone Number _____ Fax Number _____
   Address _____ City _____ State _____ Zip _____
2. _____
   Name _____ Phone Number _____ Fax Number _____
   Address _____ City _____ State _____ Zip _____
3. _____
   Name _____ Phone Number _____ Fax Number _____
   Address _____ City _____ State _____ Zip _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only
APPROVED BY: _____ DATE: ____/____/____