



Wholesale Account Application Form

Company Name	
Year Established	
Company Address	
City, State & Zip Code	
Federal Tax ID	
Phone No.	
Fax No.	
E-Mail	
Contact Person	

Bank Information Request

Information only required when paying with any company check.

Bank Name	
Bank Address	
City, State & Zip Code	
Phone No.	
Bank Account No.	

I certify that all of the information provided on the application is correct to the best of my knowledge. I understand that the creditor will reply on the application (including the authorization and certification in this paragraph) in deciding whether to grant the request credit and the creditor will keep the application whether or not it is approved. I authorize the creditor to check the credit application and its principles. I certify that (1) I am authorized to bind the applicant to this application and retail installment purchase and other documents I sign in connection with this transaction. (2) I hold the position with the applicant shown below.

Print Name	
Signature	
Title	
Date	

CIPHER AUTO, INC.

3710 ROCKWELL AVE, UNIT E, EL MONTE, CA 91731

TEL: 909-542-8868

WWW.CIPHERAUTO.COM