



# Golden Ina, Inc.

13609 Alma Ave, Gardena, CA 90247

Cell Ph / Text: (949) 331-4347; Fax: (949) 491-8725; Email: gi@golden-ina.com

## Account Application

Company \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Emergency / Alt Ph \_\_\_\_\_

## Business Type and Ownership

Date established \_\_\_\_\_ Federal ID # \_\_\_\_\_ Number of employee \_\_\_\_\_

Check one: Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Maintenance \_\_\_\_\_ Online sales only \_\_\_\_\_

Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Owner / Officer: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Full home address \_\_\_\_\_

Owner / Officer: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Full home address \_\_\_\_\_

## Trade References

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### How do you hear about our company:

- Internet Search Result
- Our boxes at the airport
- Other: \_\_\_\_\_

### Shipping preferences:

- Airport Code \_\_\_\_\_
- Airlines 1 \_\_\_\_\_
- Airlines 2 \_\_\_\_\_

Please fax this form along with a copy of your company business license or seller permit.



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### **Credit Card Authorization**

I authorized Golden Ina, Inc. to charge the credit card below for any amount on purchases that I made. I understand that I am fully responsible for any balances on my account, and I am liable for any additional charges that may be incurred by Golden Ina, Inc. as a result of collection and/or legal proceedings. In the event that my credit card expires I will provide Golden Ina, Inc., with the new expiration date verbally via telephone. I have read and understand the above conditions.

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**Company Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

### **Primary Card**

Credit card type: Visa / MasterCard / Discover / Debit Card

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 digit or 4 digit for Amex)

Name as it appears on the card: \_\_\_\_\_

Billing address (where you receive credit card statement):

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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### **Secondary Card / Back up**

Credit card type: Visa / MasterCard / Discover / Debit Card

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 digit or 4 digit for Amex)

Name as it appears on the card: \_\_\_\_\_

Billing address (if different than above):

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_ Title \_\_\_\_\_

Use this form to update new credit card if you need to change to a new card.