



**Hinano Tahiti Apparel**  
Mainland USA

**Island Four-Cast, Inc**  
15411 Red Hill Ave. Suite D Tustin, Ca 92780  
Phone: 714.259.1361 Fax: 714.259.1361

**CREDIT APPLICATION FORM**  
For Accounts Seeking NET 30 Terms:

The credit approval process takes 2-3 weeks. For immediate delivery of opening order, please us Credit Card or COD payment, until NET 30 terms are approved.

**Credit Information**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

**Trade References**

- 1) Name: \* \_\_\_\_\_
- 2) Name: \* \_\_\_\_\_
- 3) Name: \* \_\_\_\_\_
- 4) Name: \_\_\_\_\_
- 5) Name: \_\_\_\_\_

- Fax: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Fax: \_\_\_\_\_

A minimum of 3 references is required. Please ensure that fax numbers are current & valid, incorrect information my result in delays.

**Personal Guarantee**

In consideration of Island Four-Cast, Inc. furnishing products and/or services on credit to Customer, the undersigned unconditionally and personally guarantees the payment of obligation of Customer to Island Four-Cast, Inc. This shall be a continuing guarantee and covers all present and future liability of Customer of Island Four-Cast, Inc.

If more than one individual is signing below, their liability shall be joint and several.

**Names of Owners of Officers**

Resellers #: \_\_\_\_\_  
Store Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Individual Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Date: \_\_\_\_\_ SSN: \_\_\_\_\_