

Full Business Name Date Business Started mm/dd/yy

Address City State Zip Code

Previous Name of Business D.B.A.

Phone Number Fax Number A/P Contact

E-mail Address Website Address Credit Limit Requested

Business Structure: Sole Proprietorship Partnership or L.L.C. Corporation State of Incorporation

Subsidiary Branch / Division Yes No If Yes: Name of Parent Company

Address City State Zip Code

Fed Tax ID# Exempt from California Sales Tax Yes No Has Business ever filed Bankruptcy Yes No

Type of Business Number of Trucks Purchase Order Required? Yes No

Name of Principals:

Principal Phone Number Social Security Number

Address City State Zip Code

Principal Phone Number Social Security Number

Address City State Zip Code

Bank and Trade References:

Bank Account Number

Bank Phone Number Contact

Address City State Zip Code

Trade Reference Phone Number Contact

Address City State Zip Code

Trade Reference Phone Number Contact

Address City State Zip Code

Agreement

I (we) hereby certify that all statements in this application are true and complete and are made for the purpose of securing credit from you. If this application is approved I (we) agree to pay for all labor and materials. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements in this application. In the event it becomes necessary for your company to incur collection cost or institute to collect any amount due under this agreement, the undersigned promises to pay such additional costs, internal, including reasonable attorney's fees, if the account is placed in the hands of an attorney for collection. I (we) agree and acknowledge that the Superior Court of California, in and for the County of Los Angeles, is the proper venue and jurisdiction for the litigation of, or performance of, any matters relating to this credit application, or the account. I (we) further agree to pay a service charge of 1 1/2% per month on all past due amounts. You have the right to terminate this agreement and or limit the amount of credit extended to me (us). By signing I agree that I am authorized to release banking information, am accepting your conditions of sales and agree to make all payments within the approved Net 10th term, payable the 10th of each month.

Signature Name Title Date mm/dd/yy Phone

Authorized to release banking information

Signature Name Title Date mm/dd/yy Phone

Authorized to release banking information

Credit Dept Use Only

Credit Approval Date

Date Received mm/dd/yy Credit Limit Credit Approved By

Location Customer Acct # Salesperson

(Clears Entire Form)