



9263 ORCO PKWY. #F  
RIVERSIDE CA 92509  
PHONE (951) 361-4968  
FAX (951) 685-3359

## CREDIT APPLICATION

### COMPANY INFORMATION

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EXT. NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IF BRANCH DIVISION, PLEASE FILL OUT PARENT COMPANY INFO BELOW

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INCORPORATED Y/N: \_\_\_\_\_ WHAT STATE: \_\_\_\_\_ WHAT YEAR: \_\_\_\_\_

OWNER OR PRESIDENT NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ FED. TAX ID No.: \_\_\_\_\_

CONTROLLER/ACCOUNTING MANAGER NAME: \_\_\_\_\_

PURCHASING AGENT/BUYER NAME: \_\_\_\_\_

RESALE Y/N: \_\_\_\_\_ RESALE NO.: \_\_\_\_\_

\*IF RESALE ACCOUNT, PLEASE ATTACH COPY OF RESALE CARD

### BANK ACCOUNT INFORMATION RELEASE

COMPANY NAME: \_\_\_\_\_

BANK: \_\_\_\_\_ PHONE No.: (\_\_\_\_) \_\_\_\_\_ ACCOUNT No.: \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO RELEASE ANY PERTINENT FINANCIAL INFORMATION REQUESTED BY SoCAL TRAILER REPAIR, INC. REGARDING THE ABOVE ACCOUNT FOR THE PURPOSES OF ANALYSIS. YOUR SPEEDY COOPERATION IN THIS MATTER WILL BE OF GREAT ASSISTANCE TO ME. A PHOTO OR FAX COPY OF THIS STATEMENT MAY BE CONSIDERED VALID AS THE ORIGINAL.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BANKING INFORMATION**

BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT No.: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ EXT. No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

CONTACT: \_\_\_\_\_

**TRADE REFERENCES**

PLEASE LIST THREE WITH MORE THAN ONE YEAR CURRENT RELATIONSHIP.

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ FAX: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ FAX: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ FAX: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE No.: \_\_\_\_\_ FAX: \_\_\_\_\_

THE TERMS OF SoCAL TRAILER REPAIR, INC. ARE DUE UPON SERVICE.

I/WE AGREE TO PAY LATE PAYMENT CHARGES IN THE AMOUNT OF 1.5% PER MONTH ON ALL INVOICES EXCEEDING 60 DAYS PAST DUE. IN THE EVENT THIS ACCOUNT IS TURNED OVER TO AN ATTORNEY OR OTHER AGENCY FOR COLLECTION. OR A SUIT IS BROUGHT ON THIS ACCOUNT, OR THIS ACCOUNT IS COLLECTED THROUGH ANY JUDICIAL PROCEEDING WHATSOEVER, I/WE AGREE TO PAY ALL REASONABLE ATTORNEY FEES AND COURT COSTS INCURRED BY SoCAL TRAILER REPAIR, INC.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

SALESPERSON: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

CUSTOMER No.: \_\_\_\_\_

FOR COMPANY:

*(CIRCLE ONE OR BOTH)*