



2606 S. RAILROAD AVE.

BUS: (559) 233-8444 FAX: (559) 233-9320

NEW ACCOUNT INFORMATION BUSINESS PURPOSE ONLY

NAME OF COMPANY _____ PHONE _____ CELL# _____

FAX _____

BUSINESS ADDRESS _____ DATE BUSINESS STARTED _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORP _____ LLC _____ FED. TAX I.D. # _____

NAMES OF PRINCIPALS _____

PRINCIPAL INFO (COMPLETE IF INDIVIDUAL, PARTNERSHIP, LLC) IF MORE THAN ONE, USE BACK SIDE.

NAME _____ SOCIAL SECURITY# _____ DOB _____

DRIVER'S LICENSE # _____ SPOUSE'S NAME _____ SOCIAL SECURITY # _____

RESIDENCE _____ CITY, ST, ZIP _____ PHONE _____

HOW LONG _____ (PREVIOUS ADDRESS IF LESS THAN 5 YEARS) _____

OWN _____ RENT _____ NAME OF MORTGAGE LENDER _____ PHONE _____

ADDRESS _____ LOAN# _____

WILL THIS ACCOUNT BE USED FOR RESALE PURCHASES _____ STATE RESALE TAX ID # _____

(PLEASE MAIL IN A RESALE CARD, ATTN: JOE)

PERSONS AUTHORIZED TO BUY _____

REQUIRES P.O. NUMBER? YES _____ NO _____ RESTRICTIONS _____

NUMBER OF TRUCKS OPERATED _____

PERSON TO CONTACT REGARDING PAYMENT _____ PHONE _____ EMAIL _____

TRADE REFERENCES (MUST HAVE! NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT, NO CREDIT CARDS).

NAME _____ ADDRESS _____ PHONE _____ FAX # _____

NAME _____ ADDRESS _____ PHONE _____ FAX # _____

NAME _____ ADDRESS _____ PHONE _____ FAX # _____

PERSONAL GUARANTEE: AS AN OFFICER OF THE ABOVE LISTED CORPORATION, I AS AN INDIVIDUAL, PERSONALLY GUARANTEE THE PROMPT PAYMENT FOR ALL PURCHASES OF ANY AND ALL PRODUCTS AND SERVICES FROM CENTRAL VALLEY TRAILER REPAIR/RENTAL & LEASING. I AUTHORIZE CENTRAL VALLEY TRAILER REPAIR/RENTAL & LEASING TO CHECK MY CREDIT, VERIFY MY EMPLOYMENT, PROVIDE CREDIT INFORMATION ABOUT THIS TRANSACTION TO OTHERS, AND GIVE A COPY OF THIS APPLICATION TO ANYONE WHO HAS AGREED TO PAY DEBTS INCURRED ON THE BASIS OF THE APPLICATION. A FINANCE CHARGE OF 1.5% PER MONTH (AN ANNUAL PERCENTAGE RATE OF 18%) WILL BE CHARGED ON ACCOUNTS OVER 30 DAYS PAST DUE. IN THE EVENT OF DEFAULT, THE CUSTOMER SHALL BE LIABLE FOR COLLECTION COSTS AND REASONABLE ATTORNEY'S FEES. IN THE EVENT OF ASSIGNMENT OF AN ACCOUNT TO COLLECTIONS, THE CREDITOR IS ENTITLED TO COLLECTION AGENCY FEES AS SPECIFIED: 25% FOR FULL SERVICE, 35% FOR ATTORNEY INVOLVEMENT/LITIGATION AND 50% FOR SPECIAL HANDLING, BANKRUPTCY, CLOSED BUSINESSES AND SKIP TRACING. THE VENUE SHALL BE IN THE COUNTY AND COURT NEAREST TO THE CREDIT GRANTOR OR ITS AGENT.

AUTHORIZED

SIGNATURE/OFFICER: _____ **DATE** _____