



CREDIT APPLICATION

9749 BELLEGRAVE AVE.
RIVERSIDE CA 92509
PHONE (951) 685-5048
FAX (951) 685-8111

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 NEAL TRUCKING, 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 NEAL TRUCKING, 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 NEAL TRUCKING, INC.

SIGNATURE: _____ TITLE: _____ DATE: _____

FOR OFFICE USE ONLY

SALESPERSON: _____

DATE OPENED: _____

ACCOUNT TYPE: _____

CUSTOMER No.: _____

FOR COMPANY:

(CIRCLE ONE OR BOTH)