



Phone: (562) 568-0252 Fax: (562) 699-8991

Credit Application

Check Box(s) For Corresponding Location(s)

- City of Industry, CA**
 Commerce, CA
 Fontana, CA
 Long Beach, CA
 Perris, CA

Company Name: _____

Federal I.D. # _____ Resale# _____
(Please forward a hard copy of your resale card with this application)

Corporation Partnership Sole Prop. Other _____ Established: _____

Name of Owner(s): _____

Officers & Titles: _____

Description of Business: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ At present Address Since: _____

Phone (____) _____ Accounts Payable Phone (____) _____

Shipping Address (if different from above) _____

City: _____ State: _____ Zip: _____

Credit References:

List **only** accounts which you buy truck parts from on an open account.

Name: _____

Phone: (____) _____ Fax: (____) _____

Name: _____

Phone: (____) _____ Fax: (____) _____

Name: _____

Phone: (____) _____ Fax: (____) _____

OFFICE USE ONLY

Salesman: _____ Customer #: _____