

2974 S. EAST 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_	PARTNERSHIPCORP_	LLCFED. TA	AX I.D. #	
NAME OF PRINCIPALS				
PRINCIPAL INFO (COMPLETE IF IN	NDIVIDUAL, PARTNERSHIP, LLC) IF MORE THAN O	NE, USE BACK SIDE.	
NAME	SOCIAL SECURITY#		DOB	
DRIVERS LICENSE#	SPOUSE'S NAME		_SOCIAL SECURIY#	
RESIDENCE	CITY,ST,ZIP		PHONE	
HOW LONGPREVIOUS ADDR	RESS IF LESSTHAN 5 YEARS			
OWN RENT NA	MEOFMORTGAGELENDER		PHONE	
ADDRESS	LOAN#			
WILL THIS ACCOUNT BE USED FO PLEASE MAIL IN A RESALE CARD	R RESALE PURCHASES , ATTN: JOE)	_STATE RESALE TA	XX ID #	
PERSONS_AUTHORIZED_TO_BUY				
REQUIRES P.O. NUMBER? YESNO_	RESTRICTIONS			
NUMBER OF TRUCKS OPERATED				
PERSON TO CONTACT REGUARDING PAYI		EMAIL		
TRADE REFERENCI	ES (MUST HAVE NAMES OF THOSE Y	OU BUY FROM ON OPE	EN ACCOUNT, NO CREDIT CARDS	
IAME	ADDRESS	PHONE	FAX#	
JAME	_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/OFFIER	DATE