

**FRANK C. ALEGRE TRUCKING, INC.**  
**P.O. BOX 1508**  
**5100 WEST HWY 12**  
**LODI, CALIFORNIA 95241-1508**  
**(209) 334-2112 PHONE (209) 367-0572 FAX**

**CREDIT APPLICATION  
AND AGREEMENT TO TERMS**

FULL NAME OF FIRM: \_\_\_\_\_

BUSINESS TYPE: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

DATE INCORPORATED OR ESTABLISHED: \_\_\_\_\_

PURCHASE ORDERS REQUIRED? Y / N

**BUSINESS LICENSES HELD**

CONTRACTOR'S LICENSE # \_\_\_\_\_ RESALE # \_\_\_\_\_  
(Please send RESALE card w/application.)

FEDERAL TAX ID # \_\_\_\_\_ STATE TAX ID # \_\_\_\_\_

**OWNERSHIP INFORMATION**

PLEASE NAME TWO (2) PRINCIPALS OR OFFICERS:

1) \_\_\_\_\_  
Name Title

\_\_\_\_\_ Social Security # Date of Birth Driver's License #

\_\_\_\_\_ Residence Address / Phone #

(If residence address is a P.O. Box - Please list street address.)

2) \_\_\_\_\_  
Name Title

\_\_\_\_\_ Social Security # Date of Birth Driver's License #

\_\_\_\_\_ Residence Address / Phone #

(If residence address is a P.O. Box - Please list street address.)

**TRADE REFERENCES**

1) \_\_\_\_\_  
Name Account # Phone #/FAX #  
\_\_\_\_\_  
Address City, State & Zip Code

2) \_\_\_\_\_  
Name Account # Phone #/FAX #  
\_\_\_\_\_  
Address City, State & Zip Code

3) \_\_\_\_\_  
Name Account # Phone #/FAX #  
\_\_\_\_\_  
Address City, State & Zip Code

**BANK ACCOUNT INFORMATION**

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

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

CHECKING ACCT. # \_\_\_\_\_

OTHER ACCT. #(S) \_\_\_\_\_

**AUTHORIZED BUYERS**

**Please list all persons authorized to place orders on or cause charges to be placed on your account:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONDITIONS OF SALE**

**UPON SIGNING THIS CREDIT APPLICATION AND AGREEMENT, I/WE HEREBY AGREE TO THE FOLLOWING:**

- 1) PAYMENT TERMS:** Net cash 10<sup>th</sup> of month following purchase. A finance charge of 1 ½%, which is an annual rate of 18%, will be charged on past due accounts.
- 2) IF APPLICANT IS A CORPORATION:** In the event of default, the undersigned officer(s) agree to be jointly and severally liable for all amounts due therein.
- 3) IN THE EVENT OF DEFAULT:** I (we) agree to pay all reasonable attorney's fees and costs incurred by Frank C. Alegre Trucking, Inc. to collect all amounts due.
- 4) AUTHORIZED BUYERS:** I (we) agree to be responsible for all purchases made to this account by the authorized buyers named and subsequently authorized by us unless I/we have notified Frank C. Alegre Trucking, Inc. in writing that said parties are no longer authorized to charge to said account.
- 5) PRELIMINARY INFORMATION:** Preliminary information is required for all jobs. Preliminary information request shall accompany credit application. (Please make copies for future use.)
- 6) I/WE also agree that a FAX copy or photocopy of this credit application and agreement shall have the same legal force and effect as, and shall be considered as valid as, the original and may be used as evidence of our agreement without objection by me/us in any proceeding for the collection of any amounts due by way of default or otherwise and/or in pursuit of any recovery as a result of any breach or dispute arising under this document relating to transactions with Frank C. Alegre Trucking, Inc.**

DATE	SIGNATURE (Authorized Officer Only)	TITLE
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DATE	SIGNATURE (Authorized Officer Only)	TITLE
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**APPLICANT BUSINESS NAME:** \_\_\_\_\_  
**BUSINESS ADDRESS:** \_\_\_\_\_  
**(IF P.O. BOX - STREET ADDRESS):** \_\_\_\_\_  
**BUSINESS PHONE:** \_\_\_\_\_  
**BUSINESS FAX:** \_\_\_\_\_  
**ACCOUNTS PAYABLE CONTACT:** \_\_\_\_\_