

# CREDIT APPLICATION

Company Name \_\_\_\_\_ Billing Address (If Different) \_\_\_\_\_  
DBA \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_ Fax # \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Established Since: \_\_\_\_\_ Years in Business \_\_\_\_\_  
\_\_\_\_ Corporation State of Corporation: \_\_\_\_\_ Partnership\* \_\_\_\_\_ Sole Proprietorship\*

\*If you are a Partnership or a Sole proprietorship and your business is less than 2 years old. Please list the name(s) of the Partners or Sole Proprietor and their Social Security Number(s) and date of birth and must sign \*\*\*\*\* personal guarantee below.

\_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

## References, List 3 Trucking Companies you have done business with:

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

## Bank Information:

Bank Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Contact: \_\_\_\_\_  
Account #: \_\_\_\_\_ Type of account: \_\_\_\_\_  
Account #: \_\_\_\_\_ Type of account: \_\_\_\_\_

It is understood and agreed that all freight bills are due and payable 30 days from the date of freight bill. Any freight bill older than 30 days Trail Lines, Inc. has the right to re-evaluate for further credit action, including placing the account on COD status. It is further understood that the customer will pay all reasonable attorney fees and court costs if this account is placed for collections. All bills over 30 days are subject to late penalties and/or discount cancellation. Jurisdiction: Any litigation arising out of or related to this credit application/agreement shall be located in Los Angeles, California.

The undersigned hereby agrees to the terms and conditions of this credit agreement and also hereby states the information provided in this agreement is to the best of their knowledge true and correct. Trail Lines, Inc. is authorized to make any investigation of my/our credit either directly or through a credit reporting agency.

\_\_\_\_\_  
Authorized Signature Title Date

## \*\*\*\*\*PERSONAL GUARANTEE

I, the undersigned, am a principal of the above named entity and personally guarantee any liability arising out of that entity execution of this credit application agreement. I authorize Trail Lines, Inc. to make any investigation of my/our credit either directly or through a credit reporting agency.

\_\_\_\_\_  
Authorized Signature Title Date

NOTE: All applications must be signed in order to be considered, preprinted credit forms are acceptable with release signature.

Revised 2/21/06

5550 FERGUSON DR., LOS ANGELES, CA 90022 \* TEL: 323-728-7270 - FAX: 323-728-7593.