

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
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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 10th 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: _____