



# COMMERCIAL CREDIT APPLICATION

We ask that all areas on the credit application be completed. Information will be held in the strictest confidence.

## COMPANY INFORMATION

FULL LEGAL NAME OF FIRM (PRINT CLEARLY)				TELEPHONE NUMBER	
				( )	

PRINCIPAL ADDRESS OF FIRM	CITY	STATE	ZIP	FAX NUMBER
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<b>OWNERSHIP</b>	<input type="checkbox"/> SOLE OWNERSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER PLEASE EXPLAIN
	OWNER'S NAME OR PRINCIPAL			

HOME ADDRESS	CITY	STATE	ZIP
( )			- -19

NUMBER OF YEARS AT THIS ADDRESS	HOME PHONE	TIN / SSN#	DRIVER'S LICENSE	DATE OF BIRTH
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PREVIOUS ADDRESS	CITY	STATE	ZIP
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DATE BUSINESS ESTABLISHED	DATE BUSINESS INCORPORATED	STATE	FEDERAL ID NUMBER
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<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILS:
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## BANK REFERENCES

We authorize AB Trucking to contact the accounts listed below for credit information. \_\_\_\_\_ (AUTHORIZED SIGNATURE)

BANK NAME	NAME OF BANK CONTACT	TELEPHONE NUMBER
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CHECKING ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER
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## TRADE REFERENCES

COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER
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ADDRESS	CITY	STATE	ZIP	FAX NUMBER
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COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER
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ADDRESS	CITY	STATE	ZIP	FAX NUMBER
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COMPANY NAME	ACCOUNT NUMBER	TELEPHONE NUMBER
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ADDRESS	CITY	STATE	ZIP	FAX NUMBER
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I declare under penalty of perjury, under the laws of the State of California, this application for credit is being executed, and that the foregoing is true and correct.

SIGNATURE	TITLE	DATE
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