

APPLICATION FOR CONVENIENCE ACCOUNT

RIVERVIEW INTERNATIONAL TRUCKS,LLC RIVERVIEW IDEALEASE 2445 EVERGREEN AVE P.O. BOX 716

WEST SACRAMENTO CA 95691



PHONE: (916)371-3134 FAX: (916)371-2023					
				FO	R OFFICE USE ONLY
				ASSIGNED ACCOUNT#	APPROVAL DATE
NAME IN FULL (CORRECT TRADE NAME)				PARTNERSHIP CORPORA	ATION SOLE PROPRIETORSHIP
BUSINESS ADDRESS - STREET & NUMBER	CITY	CA		ZIP	BUSINESS PHONE
TYPE OF BUSINESS	IYEARS	IN BUSINESS SO	CIAL SECURITY #		FAX NUMBER
2 6. 566 <u>2</u> 56			on 12 020011111 ii		
PURCHASE ORDER REQUIRED TO RECEIVE TAX EXMPT STATUS, A COMPL			D RESALE CARD MUST	RESALE #	FED TAX ID #
YES NO	ACCOMPANY THIS APPLIC		CATION		
NUMBER OF TRUCK OWNED	MOTOR CARRIER PERMIT CA		T NUMBER	IFTAR	REPORTING STATE
INSURANCE COMPANY			ADDRESS		TELEPHONE
INSURANCE AGENT		TEI	LEPHONE		FAX NUMBER
RIVERVIEW INTERNATIONAL TRUCKS. LLC/RIVERVIEW IDEALEASE & THE OWNERS MUST BE LISTED AS ADDITIONAL INSURED & LOSS PAYEE					
ON THE INSURANCE CERTIFICATE (S)					
TRUCK/TRAILER OPERATONS MANAGER NAME		TEL	EPHONE	OPERATIONS MANAGER EMAIL ADDRESS	
ACCTS PAYABLE CONTACT NAME ACC		PAY TELEPHONE AC	CTS PAYABLE FAX#	ACCOUNTS PAYABLE EMAIL ADDRESS	
TRADE REFERENCES: ADDRESSES & FAX NUMBERS MUST BE COMPLETED FOR ALL REFERENCES (BLANKS WILL DELAY YOUR CREDIT PROCESS)					
BANK NAME		AC	COUNT#		TELEPHONE
BUSINESS ADDRESS - STREET & NUMBER	CITY	CA		ZIP	FAX NUMBER
TRADE REFERENCE				ACCOUNT	TELEPHONE
BUSINESS ADDRESS - STREET & NUMBER		CA		ZIP	FAX NUMBER
TRADE REFERENCE				ACCOUNT	TELEPHONE
BUSINESS ADDRESS - STREET & NUMBER	CITY	CA		ZIP	FAX NUMBER
TRADE REFERENCE				ACCOUNT	TELEPHONE
BUSINESS ADDRESS - STREET & NUMBER	CITY	CA		ZIP	FAX NUMBER
This application is made with the understanding and agreement, that all charges are due and payable upon receipt of invoices. An automatic C.O.D. status on the account will be placed if unpaid by the 10th of the month following the date of statement. This is not a revolving account.					
Monthly statements and all correspondence pertaining to the account should be addressed:					
NAME:					
MAILING ADDRESS:	_		- A T.F.		710
CITY:			ATE:	TITI E:	ZIP
SIGNATURE:				TITLE:	