





2445 EVERGREEN AVE, WEST SACRAMENTO, CA 95691

PHONE (916) 371-3110

FAX (916) 372-8541

CREDIT APPLICATION	N FOR CONVE	ENIENCE ACCOUNT
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BUSINESS CONTACT INFOR	MATION	DATE		
Name in full (Correct Trade Name)		Date business commenced		
Federal Tax ID		Registered company address	Sole Proprietorship	
SSN			Partnership	
	FAX number		Corporation	
			Other	
E-mail		_	36.	
Type of business				
Recale Number	Please attach a completed CA Sales tax	Bank address		
	 Exemption Certificate to receive resale account status 	Bank city, state, zip code		
Purchase orders required?	Yes No	Bank account number		
Bank name		Type of bank account	Savings Checking Other	
Primary banking contact name		Primary banking contact phone		
TRADE REFERENCES	ADDRESSES, FAX NUMBERS MUST COMPLET	E FOR ALL REFERENCES BLANKS WILL DI	ELAY CREDIT ACCOUNT PROCESSING	
Company Name		PHONE		
Address		Fax		
City, State ZIP code		Email		
Account number		Other		
Company Name		PHONE		
Address		Fax		
City, State ZIP code		Email		
Account number		Other		
Company Name		PHONE		
Address		Fax		
City, State ZIP code		Email		
Account number		Other		
AGREEMENT				
on the account will be placed if ur 2. The undersigned hereby autho INTERNATIONAL TRUCKS, LLC, to	ne understanding and agreement that all chan paid by the 10th of the month following the rizes the above names bank(s) and/or other the establish credit with your company espondence pertaining to the account should	date of statement. This is not a revolute a references to release such info	olving account.	
Name:				
Mailing address:				
City:		State	Zip code	
Signature, Title		- '	Date:	
FOR OFFICE USE ONLY	ASSIGNED ACCOUNT NO.		•	