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#### CREDIT APPLICATION

EXACT LEGAL BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DOING BUSINESS AS (DBA): \_\_\_\_\_ FAX: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SHIPPING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
OWNERSHIP (NAME OF PARENT COMPANY, IF SUBSIDIARY) \_\_\_\_\_  
ADDRESS OF PARENT COMPANY (IF DIFFERENT) \_\_\_\_\_  
PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC/LLP \_\_\_\_\_  
YEAR BUSINESS ESTABLISHED: \_\_\_\_\_  
IS BUSINESS INCORPORATED: NO YES - UNDER WHICH STATE? \_\_\_\_\_  
CREDIT LINE REQUESTED: \$ \_\_\_\_\_ FEDERAL ID: \_\_\_\_\_ ORGANIZATIONAL ID (IF ANY): \_\_\_\_\_

**ALL TERMS ARE NET 30 DAYS FROM DATE OF INVOICE – PAYMENT BY COMPANY CHECKS ONLY**

**OUR CREDIT POLICY REQUIRES THAT A UCC 1 FORM & PERSONAL GUARANTEE BE SIGNED FOR ALL ACCOUNTS REQUESTING LINE OF CREDIT**  
CURRENT YR'S SALES REVENUE: \$ \_\_\_\_\_ DUN & BRADSTREET #: \_\_\_\_\_

#### PROPRIETOR, PARTNERS OR OFFICERS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

#### TRADE REFERENCES:

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
  
COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
  
COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### PRESENT LANDLORD:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK REFERENCES:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPES OF ACCOUNT:      CHECKING      SAVINGS      OTHER: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPES OF ACCOUNT:      CHECKING      SAVINGS      OTHER: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ARE YOUR ACCOUNTS RECEIVABLE AND/OR INVENTORY PLEDGED AS SECURITY?      YES      NO

THE ABOVE INFORMATION THAT WAS GIVEN IS FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION AND AUTHORIZES OUR BANK(S) OF RECORD TO RELEASE INFORMATION REGARDING OUR ACCOUNT(S). I/WE AUTHORIZE GOLDEN STATE TRUCK & TRAILER REPAIR, INC., TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. I/WE AUTHORIZE GOLDEN STATE TRUCK & TRAILER REPAIR, INC., TO RUN ANY CREDIT REPORT (PERSONAL OR BUSINESS) THAT IS DEEMED NECESSARY TO ESTABLISH FINANCIAL RESPONSIBILITY. UPON FAILURE OF BUYER TO PAY ANY INDEBTEDNESS WHEN DUE, GOLDEN STATE TRUCK & TRAILER REPAIR, INC MAY DECLARE THE ENTIRE BALANCE OF ALL INDEBTEDNESS IN DEFAULT. IN THIS EVENT, UPON NOTICE TO THE BUYER, THE ENTIRE BALANCE OF ALL INDEBTEDNESS SHALL BECOME IMMEDIATELY DUE AND PAYABLE. IN THE EVENT OF DELINQUENCY OR DEFAULT BY THE BUYER, I/WE AGREE TO PAY 2%-5% PER MONTH SERVICE CHARGE ON PAST DUE AMOUNTS AND PAY LEGAL AND ATTORNEY FEES IF COLLECTION OF ACCOUNT IS NECESSARY. IN ADDITION THE SERVICE CHARGE WILL GO UP TO 18% IF NOT PAID BY THE 30 DAYS.

VENUE: IT IS UNDERSTOOD THAT THIS AGREEMENT IS ENTERED INTO & IS GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA AND SUBMIT TO ITS JURISDICTION.

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
NAME & TITLE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_  
NAME & TITLE: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_

CREDIT DEPT. RECEIVED: \_\_\_\_\_

**DISHONORED CHECKS**

Pursuant to California Civil Code Section 1719, any person who presents a check on insufficient funds shall be liable to the payee for the amount of the check, and a service charge payable to the payee not to exceed \$25.00 for the first check, and \$35.00 for each subsequent check to that payee.

A person writing an NSF check is liable for treble (three times) damages under California Civil Code Section 1719 unless that person pays the face amount of the check, the service charge, and the cost of mailing a written demand by certified mail with 30 days of mailing the notice. The treble damages shall not be less than \$100.00 nor more than \$1,500.00

**ALL CALIFORNIA APPLICANTS MUST COMPLETE RESALE TAX EXEMPTION**  
(THIS MAY OR MAY NOT BE APPLICABLE)

FIRM NAME: \_\_\_\_\_

I HEREBY CERTIFY: THAT I HOLD A VALID SELLER'S PERMIT NUMBER: \_\_\_\_\_

ISSUED PURSUANT TO THE SALES AND USE TAX LAW: THAT I AM ENGAGED IN THE BUSINESS OF SELLING: \_\_\_\_\_

THAT THE TANGIBLE PERSONAL PROPERTY DESCRIBED HEREIN WHICH I SHALL PURCHASE FROM: GOLDEN STATE TRUCK & TRAILER REPAIR, INC. WILL BE RESOLD BY ME IN THE FORM OF TANGIBLE PROPERTY.

DESCRIPTION OF PROPERTY TO BE PURCHASED: \_\_\_\_\_

DATED: \_\_\_\_\_ PURCHSER' SIGNATURE: \_\_\_\_\_

AT: \_\_\_\_\_ BY & TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_