



AUTHORIZED DEALER



Rincon Truck Center, Inc.
114 Rincon Ct., San Clemente, CA 92672
Phone: (949)492-3520 - Fax: (949)492-3565

WHOLESALE TRUCK PARTS AND SERVICE
CREDIT APPLICATION

LEGAL NAME PHONE NUMBER
PHYSICAL ADDRESS YEARS IN BUS.
CITY STATE ZIP
MAILING ADDRESS
CITY STATE ZIP

LOCATION OF HOME OFFICE
DO YOU REQUIRE PURCHASE ORDERS? YES NO
PERSONS AUTHORIZED TO CHARGE
ADDITIONAL PERSONS
RESALE NUMBERS
STATE CITY FED ID

TO BE SET UP AS A NON-TAXABLE ACCOUNT A COMPLETE RESALE CARD
MUST BE ATTACHED

CHECKING ACCOUNT BRANCH
CHECKING ACCOUNT NUMBER(S)

IF OWNER/OPERATOR OR SELF-EMPLOYED, PLEASE COMPLETE

FULL NAME AGE/D.O.B.

CURRENT ADDRESS HOW LONG

CITY STATE ZIP

SPOUSE'S NAME YOUR SOCIAL SECURITY NUMBER

EMPLOYED BY HOW LONG

ADDRESS CITY STATE ZIP

CREDIT REFERENCES

1. PHONE FAX
2. PHONE FAX
3. PHONE FAX
4. PHONE FAX

ESTIMATED AMOUNT OF MONTHLY CHARGES

IF GRANTED CREDIT, I AGREE TO PAY ALL BILLS, THE 10TH OF THE FOLLOWING MONTH OF THE PURCHASE, NET NO DISCOUNT. I FURTHER AGREE TO PAY DELINQUENT INTEREST AT 1 1/2 RATE OF 18% PER ANNUM ANY DELINQUENCY WHICH MIGHT OCCUR. I FURTHER AGREE TO PAY COLLECTION COSTS AND REASONABLE ATTORNEY FEES IF SUIT IS INSTITUTED TO ENFORCE COLLECTION.

ALL PAYMENTS ARE PAYABLE TO: RINCON TRUCK CENTER, INC., 114 RINCON CT, SAN CLEMENTE, CA 92672.

SIGNED TITLE DATE



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PLEASE SIGN BELOW FOR BANK AUTHORIZATION

DATE _____

REFERENCE BANK NAME _____

BANK ADDRESS _____

ACCOUNT(S) NUMBER(S) _____

Your bank has was given to us as a reference of the subject customer listed below in connection with an application for credit. Upon completion of this form please sign below.

ACCOUNT NAME _____

ACCOUNT ADDRESS: _____

Customer Signature _____

Any credit information you can furnish us, relative to your experience with them will be appreciated and kept confidential.

Thank you.

Candice Todd
 Office Manager
 RINCON TRUCK CENTER, INC.

Opened Account _____

Low _____ Medium _____ High _____

Comments: _____

Bank Personnel Signature _____