

114 Rincon Ct., San Clemente, CA 92672

Phone: (949)492-3520 - Fax: (949)492-3465

Rincon Truck Center, Inc.

SIGNED



AUTHORIZED DEALER











DATE

















WHOLESALE TRUCK PARTS AND SERVICE **CREDIT APPLICATION**

LEGAL NAME		PHONE NUMBE	R	
PHYSICAL ADDRESS		YEARS IN BUS.		
СІТУ	STATE			
MAILING ADDRESS				
CITY			ZIP	
LOCATION OF HOME OFFICE		TVDE	OF BUSINESS:	
DO YOU REQUIRE PURCHASE ORDERS? YES	NO		RPORATION	PARTNERSHIP
PERSONS AUTHORIZED TO CHARGE			OPRIETORSHIP	
ADDITIONAL PERSONS			S FOR	
RESALE NUMBERS			IPALS, OFFICERS,	DARTHERS
STATE CITY			TITLES	TANTINENS
TO BE SET UP AS A NON-TAXABLE ACCOUNT A C				
MUST BE ATTACHED				
CHECKING ACCOUNTBRANC	Н			
CHECKING ACCOUNT NUMBER(S)		L_		
IF OWNER/OPERATOR OR SELF-EMPLOYED, PLEAS				
FULL NAME		AGE/D	.O.B	
CURRENT ADDRESS				
CITY	STATE		ZIP	
SPOUSE'S NAME				
EMPLOYED BY			HOW LONG	
ADDRESS				
CREDIT REFERENCES				
1	<u> </u>	PHONE	FAX	
2				
3				
4				
ESTIMATED AMOUNT OF MONTHLY CHARGES				
IF GRANTED CREDIT, I AGREE TO PAY ALL BILLS, PAYMEN	IT NET 30 DAVS EDON	A INVOICE DATE I	FLIRTHER ACREE T	O PAY DELINOLIENT EINANCE
CHARGES OF 1.5% WHICH IS AN ANNUAL RATE OF 18.0%.				
SUIT IS INSTITUED TO ENFORCE COLLECTIONS. PAST DU			TOOTO AND TEAC	SOUNDEE ATTOMINET TEES II
ALL PAYMENTS ARE PAYABLE TO: RINCON TRUCK	CENTER, INC., 114	RINCON CT, SAI	I CLEMENTE, CA	92672.

TITLE _



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AUTHORIZED DEALER























PLEASE SIGN BELOW FOR BANK AUTHORIZATION

DATE		
REFERENCE BA	NK NAME	
BANK ADDRESS	3	
ACCOUNT(S) N	UMBER(S)	
		of the subject customer listed below in completion of this form please sign
ACCOUNT NAM	E	
ACCOUNT ADD	RESS:	
Customer Signat	ure	
Any credit inform appreciated and		ve to your experience with them will be
Thank you.		
Barbara Jay Office Manager RINCON TRUCK	CENTER, INC.	
Opened Account		
Low	Medium	High
Comments:		
Bank Personnel	Signature	