

Sequoia Valley Transport, Inc

Business Credit Application

Credit Application

Company Name:					
Physical Address:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Fax:		E-Mail:	

Company Data

Type of Business:	Corp, Partnership or Proprietorship (If Inc. Provide State)				
Yr. Business Started:		Tax Status:	Exempt or Non Exempt (If Exempt A Resale or Exemption Certificate is Required)		
President, Owner or Partner Name:					
Treasurer or Partner -Company:					
Authorized Buyers:				Anticipated Credit Desired:	
Accounts Payable Contact Person:				P.O. Required? Yes	No

Bank References (4 Required)

Bank Name:	Address:	Account Number:	Phone:
Contact:			Fax:
Bank Name:	Address:	Account Number:	Phone:
Contact:			Fax:

Credit References (4 Required)

Trade Reference #1:	Address/City/State/Zip	Email:
Trade Reference #1:	Address/City/State/Zip	Email:
Trade Reference #1:	Address/City/State/Zip	Email:
Trade Reference #1:	Address/City/State/Zip	Email:

Signatures

We understand that the information you furnished on this page is for the purpose of obtaining credit from your firm; this I am/we are authorized in my/our capacity to bind this firm accordingly; that all accounts or monies due* you shall be due and payable at our place of business; that all past due accounts, notes or judgements shall automatically draw interest at the rate of 18% per annum or maximum rate allowable under the laws of the state in which the transaction is conducted. I authorize the release of pertinent credit experience and/or checking, savings and loan information to Sequoia Valley Transport, Inc.

Authorized Signature: _____ Title: _____ Date: _____

Authorized Signature: _____ Title: _____ Date: _____

Personal Guaranty

Personal Guaranty - In consideration of credit being extended to the above named firm, I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, completed and continuing one and no notice of the indebtedness or any extension of that credit already hereafter contacted by or extended need be given; that I will pay the amount due within FIVE days of the notice that is past due.

Printed Name:	Signature:	Social Security #:	Date:
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