

# California Freight Services Credit Application

## Business Contact Information

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

## Business and Credit Information

Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:	State:	ZIP:	Phone:
Type of account	Account number		
Savings			
Checking			
Federal(EIN)#			

## Business and/or trade references

Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			

PLEASE USE ADDITIONAL SHEET FOR BUSINESS / OR TRADE REFERENCES

## Agreement

1. All invoices are to be paid 30 days from the date of the invoice with no exceptions.
2. Claims arising from invoices must be made within 7 working days.
3. Applicant herewith understands that California Freight Services extends credit to applicant based on this application, and thereafter retains counsel for the purpose of collecting any amount owed California Freight Services, then in such case said applicant agrees to pay reasonable attorney's fees in addition to sums which maybe due and payable.
4. By submitting this application you authorize California Freight Services to make inquiries to the banking, savings, business, and/or trade references you have supplied. All information is strictly confidential and will be used only for credit evaluation.

## Signatures

Title: Date:	Title: Date:
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Fax To: (323) 262-4622

Attn.: Credit Department