



575 C Street Chula Vista, CA 91910  
 (619) 425-2805 FAX (619) 425-2857

## Application For Credit - Commercial Account

Please Type or Print

Credit Line Requested \$ \_\_\_\_\_

Customer Name/Trade Style			Address			
City	State	Zip	Phone	Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>	
				Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>	
President/Owner		Vice President		Fax #	# Years in Bus.	# of Vehicles

Email Address \_\_\_\_\_ email your statement?

Building  Owned  Rented  Mortgagee or Landlord

Name \_\_\_\_\_ Address \_\_\_\_\_

Name of Parent ( Related) Company \_\_\_\_\_ Subsidiary Division \_\_\_\_\_ Will Parent Guarantee Purchase Contracts Yes  No

Bank Name	Address	Phone	Contact	Account #
Bank Name	Address	Phone	Contact	Account #
Trade Reference	City/State	Phone	Contact	
Trade Reference	City/State	Phone	Contact	
Trade Reference	City/State	Phone	Contact	
Trade Reference	City/State	Phone	Contact	
Purchase Order Required Yes <input type="checkbox"/> No <input type="checkbox"/>	Persons Authorized to Issue Purchase Orders 1 _____ 2 _____			Sales Tax Number

**It is understood and accepted by the undersigned Applicant that:**

- (a) All open charges are due and payable net 10th Prox (by the 10th of the month following the date of our invoice).
- (b) Any amounts not paid per terms are subject to 1 1/2% per month (APR 18%) service charge from due date until paid.
- (c) Applicant agrees to pay such costs, expenses and attorney's fees as Daniels Tire Service, Inc. may incur in any manner of collection of any sums due Daniels Tire Service, Inc., as part of any credit extended on the basis of this application.
- (d) Credit will not be extended until this completed application has been received and a credit limit established.

The undersigned hereby certifies that this application is for the purpose of securing credit from Daniels Tire Service, Inc., solely on the basis of the Application and financial data submitted herewith. You are authorized to check credit information submitted, as well as all other sources available to you, and to answer questions about your credit experience with us when requested by others.

(signer has expressed authority of President/Owner)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail in the original signed document to:  
 Daniels Tire Service  
 P.O. Box 3708  
 Santa Fe Springs, CA 90670

Office Use Only	
Sales # _____	Acct# _____