

Application for Credit

Please type or print clearly



Name on License _____

DBA Name _____

Names of other Businesses and/or Previous Businesses _____

Service Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Liquor License # _____ Rent _____ Own _____ Lease _____

SOLE PROPRIETORSHIP/PARTNERSHIP (LIST ALL)/CORPORATE OFFICERS (LIST ALL) State of Incorporation:

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ SS# : _____ DL# : _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ SS# : _____ DL# : _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ SS# : _____ DL# : _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ SS# : _____ DL# : _____

Has any individual listed above ever been involved in Bankruptcy Proceedings? NO YES
When? _____

Accounts Payable Contact: _____ Phone: _____

Bank Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone # _____

Checking Acct # _____ Loan # _____ Savings Acct # _____

References

Full Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone # _____ Account # _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone # _____ Account # _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone # _____ Account # _____

Applicant represents and warrants that this application contains true statements and does not omit any material fact, it being intended that Laz-Trans, INC. shall rely in all respects upon the truth and completeness of this application for the granting of credit. In consideration of the extension of credit by Laz-Trans, INC., undersigned applicant agrees to pay all costs of collecting past due or delinquent monies including attorney's fees. In the event that suit is filed to collect any sums due, the undersigned will be responsible for attorney's fees and court costs as deemed reasonable by the court. Also, the parties agree that the jurisdiction for any dispute under this contract shall be the county of Kern, State of California.. TERMS: UNPAID CHARGE SALE SUBJECT TO 1% SERVICE CHARGE IF UNPAID ON THE 42ND DAY, AND EVERY 30 DAYS THEREFORE. ANNUAL RATE: 12%

(Authorized signers only)

Legal Signature _____ Date _____

Print or Type Name _____ Title _____

Legal Signature _____ Date _____

Print or Type Name _____ Title _____

Legal Signature _____ Date _____

Print or Type Name _____ Title _____

PERSONAL GUARANTEE

As an officer of the corporation listed above, I, as an individual, personally, absolutely and unconditionally guarantee the full, prompt and complete payment as and when the same becomes due for all items, irrespective of the amount, charged to this corporation. This is a guarantee of payment and not a guarantee of collection. This guarantee is a continuing guarantee and shall continue and remain in full force and effect until written notice of revocation has been received by Laz-Trans, INC. Such revocation shall not effect the guarantee as to items purchased by the corporation prior to receipt of such notice of revocation.

Signed _____ Date _____

Print or Type Name _____

FOR OFFICE USE ONLY

Date Received _____ Account # _____ Approved _____ Denied _____

Terms _____ Limit _____ Date _____

Comments _____