



1981 Cotner Ave., Los Angeles, CA 90025

PHONE: 661-944-0808

FAX: 661-944-0786

INDIVIDUAL OR COMPANY NAME _____

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

TELEPHONE: _____ / _____ FAX: _____ / _____

TYPE: Corporation ___ Partnership ___ Individual ___ Date Established _____

Federal ID # _____ or Social Security # _____

Dun & Bradstreet # _____ Email _____

NATURE OF BUSINESS _____

NO. OF EMPLOYEES _____ EST. ANNUAL SALES: _____ FLEET SIZE _____

Has the firm or any of its principals ever filed for bankruptcy protection from creditors? ___ Yes ___ No

Explain: _____

TRADE AND CREDIT REFERENCES

NAME COMPANY PHONE#

ADDRESS CITY STATE ZIP

NAME COMPANY PHONE#

ADDRESS CITY STATE ZIP

NAME COMPANY PHONE#

ADDRESS CITY STATE ZIP



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FINANCIAL REFERENCES

Bank _____

Account Number: _____ Type of Account _____

BRANCH	CONTACT		TELEPHONE
ADDRESS	CITY	STATE	ZIP

Company Contacts

NAME	ADDRESS	TELEPHONE

SPECIAL BILLING REQUIREMENTS _____

IS A PURCHASE ORDER REQUIRED _____ Yes _____ No CREDIT LIMIT DESIRED _____

Accounts Payable Contact _____ Telephone _____

As an authorized party of _____ the undersigned warrants that the information submitted is true and correct. I authorize Quick Silver Towing, Inc. to verify the information provided through the use of credit agency reports and other public records. I / we authorize and request our company creditors and business references to provide information to Quick Silver Towing as requested in conjunction with this application for credit.

The undersigned agrees to pay all charges within thirty (30) days of the date of billing. A service fee of \$50 will be due and payable for any check returned by the bank unpaid. In the event of the failure to make payment within thirty (30) days of the date of billing, Quick Silver Towing, Inc. may refuse to permit further charges to be incurred on the account. Delivery of service to the undersigned's facilities or customer's vehicles may be made without obtaining signatures upon delivery. The undersigned will pay reasonable attorney's fees and costs of collection in the event of default on account. The undersigned agrees that jurisdiction for any dispute under this contract shall be Los Angeles County, State of CA.

Name _____ Title _____ Name _____ Title _____

Amount of Credit Approved _____ Line of Credit Denied _____ Date _____

Sales Rep _____ Accounting _____ Manager Approval _____