





2445 EVERGREEN AVE., WEST SACRAMENTO, CA 95691

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CREDIT APPLICATION FOR CONVENIENCE ACCOUNT

BUSINESS CONTACT IN	IFORMATION		DATE:	
Name in Full (Correct Trade Name)		Date business commenced		
Federal Tax ID		Registered company address:		☐ Sole proprietorship
SSN				☐ Partnership
Phone ()	Fax ()			☐ Corporation☐ Other
E-mail				
Type of business				
Resale Number:	Please attach a completed <i>CA</i>	Bank address		
	Sales Tax Exemption Certificate to receive resale account status.	Bank city, state, zip code		
Purchase orders required?	☐ Yes ☐ No	Bank account number		
Bank name		Type of bank account	☐Savings ☐ Checking ☐ Other	
Primary banking contact name		Primary banking contact phone	()	
TRADE REFERENCES: ADD	DRESSES AND FAX NUMBERS MUST BE COMPLE	TE FOR ALL REFERENCES. BLANKS WILL DELAY	CREDIT ACCOU	NT PROCESSING.
Company name		Phone		
Address		Fax		•
City, State ZIP Code		E-mail		
Account number		Other		
Company name		Phone ·		
Address		Fax		
City, State ZIP Code		E-mail		
Account number		Other		
Company name		Phone		
Address		Fax		
City, State ZIP Code		E-mail		
Account number		Other		
AGREEMENT				

- This application is made with the understanding and agreement that all charges are due and payable upon receipt of invoice. An automatic C.O.D. status on the account will be placed if unpaid by the 10th of the month following the date of statement. This is not a revolving account.
- 2. The undersigned hereby authorizes the above named bank(s) and/or other trade references to release such information as necessary for RIVERVIEW INTERNATIONAL TRUCKS, LLC, to establish credit with your company.
- 3. Monthly statements and all correspondence pertaining to the account should be addressed:

Name:					
Mailing address:					
City:		State:		Zip code:	
Signature, Title			Date		
FOR OFFICE USE ONLY:	ASSIGNED ACCOUNT NO:				