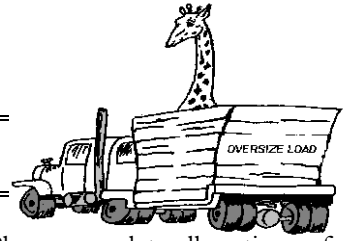


# THE PERMIT COMPANY

789 SOUTH ARROYO PARKWAY  
PASADENA, CALIFORNIA 91105  
PH: (323) 475-1601 \* FAX: (323) 475-1620



## CREDIT APPLICATION

### INSTRUCTIONS:

This application must be completed in full and approved prior to the extension of any credit. Please complete all sections of the application, other than the shaded areas. **Do not write in shaded areas.** Please fax us your completed application.

**CHECK ONE:**     Individual                       Partnership                       Corporation

Business/Corporation Name \_\_\_\_\_  
Doing Business as \_\_\_\_\_ Years in business \_\_\_\_\_  
Street \_\_\_\_\_ Type of Business \_\_\_\_\_  
City & State \_\_\_\_\_ Contact Name \_\_\_\_\_  
Zip \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Federal Tax # \_\_\_\_\_ DUNS# \_\_\_\_\_  
SIC # \_\_\_\_\_ DOT # \_\_\_\_\_  
Name of Parent or Affiliate Co. \_\_\_\_\_

### ACCOUNTS RECEIVABLE:

Are your accounts receivable currently pledged?     Yes     No    If yes, please give name, address and phone of secured party:

### PERSONAL INFORMATION: (Sole Proprietor, Partnership or Inc. if less than 1 year)

Principal Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Have you ever filed Bankruptcy?     Yes     No  
If yes, explain: \_\_\_\_\_

### OWNERSHIP:

Name(s):	Title(s) & Address(s) of Owners &/or Officers	%ownership	Social Security #
		%	
		%	
		%	

The person or person signing this agreement must correctly indicate in writing after his or her signature, the legal capacity of the person or persons signing. Any person signing this agreement agrees that he or she will be personally, individually, and if married, his or her marital community will be liable as a party to all terms and conditions of this agreement and will pay for reasonable collection and/or attorney fees in addition to other sums due. The undersigned certifies that the above information is correct. Applicant authorizes The Permit Company to obtain credit and financial information concerning the applicant and all principles at any time and from any source. Applicant fully understands credit terms and agrees to prompt payment in consideration extended credit.

It is expressly agreed and understood that THE PERMIT COMPANY shall not be liable to Customer or to any party contracting with customer for any loss or damage arising out of failure in completion of the forms, or otherwise arising in connection with the service provided by THE PERMIT COMPANY. Customer will indemnify and hold THE PERMIT COMPANY harmless of and from any and all liabilities resulting from the act of omission by any owner, employee, agent or servant of customer, including but not limited to, acts of commission or omission deemed to be willful or negligent.

Company \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

MUST BE SIGNED BY OWNER, PARTNER OR CORPORATE OFFICIER

### PERMIT VOLUME

Number of Trucks \_\_\_\_\_ Please estimate the number of permits per month you plan to order: \_\_\_\_\_

Trip & Fuel \_\_\_\_\_ O/O California \_\_\_\_\_ O/O Nationwide \_\_\_\_\_ Superload \_\_\_\_\_

### BANK INFORMATION

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Street \_\_\_\_\_ Account # \_\_\_\_\_  
 City & State \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### CREDIT CARDS:

- VISA \_\_\_\_\_ expires: \_\_\_\_\_
- Master Card \_\_\_\_\_ expires: \_\_\_\_\_
- American Express \_\_\_\_\_ expires: \_\_\_\_\_

### TRADE REFERENCES:

(Please list a minimum of three references. Do not include utilities or credit card accounts)

Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Account # \_\_\_\_\_

High:	Past Due:	Current:	Since:	Rating:
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Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

High:	Past Due:	Current:	Since:	Rating:
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Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

High:	Past Due:	Current:	Since:	Rating:
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Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

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Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

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