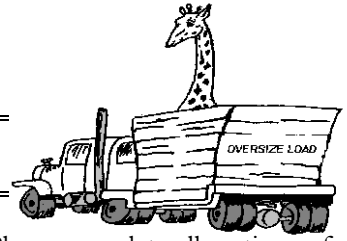


THE PERMIT COMPANY

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 _____

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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