THERMO KING FRESNO, INC

2449 S. Cherry ave. Fresno, CA 93706 559-496-3500/ 559-288-3202

Signature

APPLICATION FOR CREDIT



Date

Contact: Mark Vietty

339-490-3300/ 33:	5-200-320) _				Contact.	Wark Vielly	<i>'</i>
Applicant:				Social Security # (or Tax ID # if Corp):			Phone #:	
Address:				Date of Birth:			Fax#:	
ity:		St:	Zip: Type of Entity: C		Circle one		E-mail	
			Sol Prop., Partnership, C-Corp, S-Corp					
Description of Business:				# of Trks/Trls:	# of Employees:		Mobile Phone#	
Ever been Bankrupt? Ever had a Rreg				rently Past Due? Years In Busi		ness:	Years of Industry Experience:	
Yes No Yes				NO				
Do you Own or Rent Current Residence?		How Long?	Monthly Payment		Monthly Gross Income		Net Worth	
Corporation, List Offficers	or Guarantors	5	(otherwise leav	e blank)				
Name, Title		Address		Social Security		#	Birthdate	% ownership
1)								
2)								
Bank Information								
ank Name Ph #:		Contact	Year opened				Account Balance:	
Line of Credit or Savings Account Info							Account Balance:	
Cosigner Info (if applicable)				1		1		
Cosignor, Second Owner/Guarantor Name:				Social Securtiy #:		Date of Birth:		
Address:				City:		State:		Zip:
RADE or FINANCING REI	FERENCES							
Name and Address:		City & State:		Telephone #:			Date:	Balance
2) 3)								
Current & Past Haul or Wor	k Information							
Name of Company: City Sta			Preson to Contact		Telephone#:		Position	How Long?
1)								
2)								
3)								
All statements contained in this	credit application	n, and on any attac	chments are war	rranted to be true	and correct. I he	reby authorize T	hermo King Fresno	o,Inc.
and its assignees such as (), to veri	ify any credit info	rmation, including	however, not li	mited to, banks,	credit reports, and	trade references.
Ву:				Ву:				
4				2				

Date

Signature