



THERMO KING CENTRAL CALIFORNIA

PO BOX 2367 FRESNO, CA 93745
Phone: (559) 496-3500 / (800) 464-0225

APPLICATION FOR CREDIT

(Email directly to cyrile@tkcencal.com)

Trade Name _____	Legal Name _____
Physical Address _____	City _____ State _____ Zip _____
Billing Address _____	City _____ State _____ Zip _____
Former Address (5 yr. Min) _____	City _____ State _____ Zip _____
Job Site Address _____	Job Site Phone _____
Phone _____ Fax _____	Cell Phone _____
Email Address _____	Website _____
Please Select One: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership, LP or LLC <input type="checkbox"/> LLC <input type="checkbox"/> Municipality <input type="checkbox"/> Corporation - If so, State of Incorporation _____	
Has applicant ever filled, or been involved in a filing for BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Fed ID # _____ Social Security # _____	
Estimated Monthly Credit Requirement \$ _____ Business start date _____	
If applicable, what is the current number of trucks in fleet or operation _____ DOT # _____	
Home Office/Parent Co _____ City/State _____ Name & title of contact _____	
Company Principals _____ Title _____	
Additional Principals _____ Title _____	
Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorized Person(s) to issues PO _____	
Annual revenues \$ _____ Year of reported revenues _____ Most recent Fiscal Year End _____	

THERMO KING OF CENTRAL CALIFORNIA REQUIRES PAYMENT OF ALL INVOICES ON OR BEFORE 30 DAYS FROM DATE OF INVOICE. A LATE CHARGE OF ONE AND ONE HALF PERCENT (1-1/2%) PER MONTH, OR EIGHTEEN PERCENT (18%) ANNUALLY WILL BE CHARGED ON ANY PAST DUE ACCOUNT. APPLICANT AGREES TO PAY ALL COSTS AND EXPENSES INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES AND COURT COSTS INCURRED IN THE COLLECTION OF A PAST DUE ACCOUNT. I/WE HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT. I/WE AUTHORIZE THERMO KING OF CENTRAL CALIFORNIA TO OBTAIN SUCH INFORMATION AS REQUIRED AND AGREE THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF THERMO KING OF CENTRAL CALIFORNIA, WHETHER CREDIT IS GRANTED OR NOT.

PLEASE PROVIDE INFORMATION FOR THE BANK ON WHICH YOU DRAW YOUR ACCOUNTS PAYABLE CHECKS:

Business Bank: _____ Account Number: _____
Address: _____ City: _____ State: _____ Zip: _____

TRADE OR FINANCING REFERENCES

Company Name	City	State	Phone #	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature _____ Title/Position _____ Date _____