



THERMO KING CENTRAL CALIFORNIA

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

APPLICATION FOR CREDIT

(Email directly to ar@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: Proprietorship Partnership, LP or LLC LLC Municipality Corporation - If so, State of Incorporation _____

Has applicant ever filled, or been involved in a filing for BANKRUPTCY? Yes 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? Yes 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 _____