

# Pete's Road Service, Inc.

**Corporate Office:**  
2230 E. Orangethorpe Avenue  
Fullerton, California 92831  
(714) 446-1207 • Fax (714) 446-1212

For Office Use Only	
Acct #	
Date	
SM	Letter

<b>FULLERTON</b> 2230 E. Orangethorpe Ave. 92831 (714) 446-1200	<b>CORONA</b> 866 El Camino Ave. 92879 (951) 372-8600	<b>GARDENA</b> 306 E. Alondra Blvd. 90248 (310) 324-8200	<b>SANTA ANA</b> 120 W. Warner Ave. 92707 (714) 545-5818
<b>ESCONDIDO</b> 205 N. Hale Ave. 92029 (760) 735-8100	<b>SAN BERNARDINO</b> 747 W. Rialto Ave. 92410 (909) 888-6616	<b>FONTANA</b> 14239 Valley Blvd. 92335 (909) 829-0411	<b>COACHELLA</b> 53-401 Hwy. 111 92236 (760) 398-3311
			<b>BARSTOW</b> 801-811 W. Main St. 92311 (760) 256-1021

## CREDIT APPLICATION

Date \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

FIRM NAME \_\_\_\_\_

Name of Parent Company if subsidiary \_\_\_\_\_

Proprietor or Partners' Names \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

### RESIDENCE

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

KIND OF BUSINESS \_\_\_\_\_ Year Established \_\_\_\_\_

At present location since (date) \_\_\_\_\_ Previous address if less than 1 year \_\_\_\_\_

Is business incorporated? \_\_\_\_\_ Fed. I.D. # \_\_\_\_\_ S.S. # \_\_\_\_\_

Resale? \_\_\_\_\_ Resale # \_\_\_\_\_

**REFERENCES:** (Give only names of those you buy from on open account. Their ADDRESS, ZIP CODE, TELEPHONE and FAX is required.)  
At least 4 references required. Incomplete applications will be returned.

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tire Account \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PURCHASE ORDER REQUIRED?  Yes  No

Real Estate Owned \_\_\_\_\_ Value \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Yard Address \_\_\_\_\_

Where do you bank? \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

All accounts due by the tenth of each month. Finance charge of 1½% per month will be charged on past due accounts. In the event of collection all costs, including attachment, court costs and reasonable attorney's fees, will be added to the amount outstanding, and will be paid by the purchaser.

Signed \_\_\_\_\_  
(Full Name of Firm)

By \_\_\_\_\_  
(Member of Firm)

## AUTHORIZATION TO RELEASE BANK INFORMATION

Many banks will no longer release credit/account information without written authorization from their customer. In order to expedite processing of your request for an open account, please complete and sign authorization below.				
To: Bank Name	Bank Street Address	City	State	Zip
Authorized Signature				Date

## AUTHORIZATION TO RELEASE TRADE/ACCOUNT INFORMATION

You are hereby authorized and requested to release credit/account information requested by Pete's Road Service, Inc. on the following customer for their confidential use in determining our credit decision.	
Account Name	Date
Account Number(s)	Authorized Signature

## PERSONAL GUARANTEE

<p>The undersigned guarantees fully, without reservation or offset the payment of any sums due from the above noted "Applicant," in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice of default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. Undersigned hereby gives permission to use any tools necessary to determine credit worthiness.</p>	<p>Debts, liabilities and obligations incurred, despite discharge and bankruptcy or despite adjustment of such debts, liabilities and obligations and solvency proceedings or pursuant to some other compromise with creditors. This instrument shall be a continuing guarantee and shall remain in full force and effect until written notice is received from the undersigned to be released from further or future liability hereunder.</p>	
Signature of Guarantor	Print Name	Date
<p>If credit is granted (I) (We) promise to pay bills when rendered. (I) (We) understand all invoices are payable ten (10) days from the end of the month and that a service charge of 1½% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay all costs of collection. If legal action is required (I) (we) will pay reasonable attorney's fees resulting from such action.</p>		

## TO BE FILLED OUT

The undersigned consents to Pete's Road Service, Inc. obtaining a consumer credit report on _____	
for the purpose of evaluating the creditworthiness of _____ in connection with an application for business credit.	
Signed by	Date
Social Security #	Home Address

Comments: _____
_____
_____
_____
_____
_____
_____