

WLT Trucking Corp

P.O. Box 1224
 Orland, CA 95963
 (800)488-5788
 (530) 865-8390 fax

CREDIT APPLICATION

New Customer: To apply for a credit account, please complete this application and return it to WLT Trucking Corporation. All information is held in confidence. If you have tax exempt status, attach the appropriate tax exempt certificate. Please print/write legibly; it saves time.

COMPANY _____

Legal Name

dba _____

Corporation, State of _____

Partnership _____

Proprietorship _____

Other (Describe) _____

Telephone () _____ Fax No. () _____

Nature of Business _____

Years in Business _____

1. President/Principal(s) _____

2. Finance or A/P Manager _____

3. Purchasing Manager _____

Ship to Address _____

Invoice Address (if different) _____

BANK REFERENCES

Bank Name _____ Account No. _____ No.ofYears _____

Street/POB _____

Contact name/title _____

TRADE REFERENCES

1. Company Name _____ Telephone _____

Contact name/title _____ Fax _____

2. Company Name _____ Telephone _____

Contact name/title _____ Fax _____

3. Company Name _____ Telephone _____

Contact name/title _____ Fax _____

4. Company Name _____ Telephone _____

Contact name/title _____ Fax _____

I (we) certify that the above information is correct and true. I (we) authorize you to contact the references provided above.

AUTHORIZED BY _____

Branch Manager	Signatures	Date / /
Credit Manager		Date / /

<u>For Branch/District Use</u>	
Branch No.	Date rec'd
First order amt. \$	
<u>For Division Use</u>	
Credit inquires completed	yes no
By	
Approved, credit limit \$	
Resale Certificate received	yes no
California Resale number	

Denied, remarks:	

Salesman's ID # _____