

**CREDIT APPLICATION**

12266 Branford Street, Sun Valley, CA 91352  
Tel (818) 899-1111 Fax (818) 897-4366



**SPARTAN**  
TRUCK COMPANY, INC.

**\*Requested Credit Amount \$ \_\_\_\_\_**

**Business Name** \_\_\_\_\_

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

City, State Zip \_\_\_\_\_ Fax # \_\_\_\_\_

\*A/P Contact \_\_\_\_\_ Phone # (if different) \_\_\_\_\_

A/P Email \_\_\_\_\_ Fax # (if different) \_\_\_\_\_

Federal Tax ID \_\_\_\_\_ Contractors Lic. No. \_\_\_\_\_ Date Established \_\_\_\_\_

Entity:  Individual  Partnership  Corporation      \*\* Is your Business **Tax Exempt**:  No  Yes (attach certificate)

**Principal(s):**      \*\* Is a **Purchase Order** Required:  No  Yes

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Bank Name** \_\_\_\_\_

Account No. \_\_\_\_\_ Contact: \_\_\_\_\_

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

City, State Zip \_\_\_\_\_ Fax # \_\_\_\_\_

**LIST THREE BUSINESS REFERENCES**

**\*\* APPLICATION WILL NOT BE PROCESSED WITHOUT FAX NUMBERS & CONTACT NAMES \*\***

Company \_\_\_\_\_ **\*\*Contact** \_\_\_\_\_

Address \_\_\_\_\_ **\*\*Fax #** \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Company \_\_\_\_\_ **\*\*Contact** \_\_\_\_\_

Address \_\_\_\_\_ **\*\*Fax #** \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Company \_\_\_\_\_ **\*\*Contact** \_\_\_\_\_

Address \_\_\_\_\_ **\*\*Fax #** \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**Credit Investigation:** I/We, the undersigned, affirm that the information provided on this application is true and correct. I give Spartan Truck Company, Inc. explicit approval to investigate my credit and to verify credit references. A facsimile of this Agreement sent by fax or by any other method shall be deemed an original. I/WE do agree that any amounts which are not paid when due shall bear interest at rate of 1.5% per month (or the highest rate allowable by law, whichever is less) until paid, and that I/We will pay any and all collection fees, attorney's fees, court cost and any other charges the credit grantor incurred while collecting any unpaid debt.

\_\_\_\_\_  
Date                      Signature (Officer or Owner)                      Print Name                      Title