



1880 South 7<sup>th</sup> St., San Jose, Ca 95112

Office (408) 286-3400

Fax (408) 293-0301

Taxi (408) 777-7777

**CREDIT APPLICATION**

Date: \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

How many years at this location? \_\_\_\_\_

Type of Business \_\_\_\_\_ Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Federal ID # / SSI # \_\_\_\_\_ D&B D-U-N-S # \_\_\_\_\_

Are you a subsid? Or division of another corp? \_\_\_\_\_

If yes, name and address of Parent Corporation.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

**Name and Title of Principals of Officers:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name of person Responsible for Payments \_\_\_\_\_

If address is different than above, address \_\_\_\_\_ Phone \_\_\_\_\_

Date Business Started \_\_\_\_\_

**Bank References**

Bank \_\_\_\_\_ ACCT# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Trade References**

Name, Address, Phone # and Contact Name (at least 3)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Amount of credit Requesting \$ \_\_\_\_\_

All accounts are due and payable to Yellow Checker Cab Co. Inc. within thirty days of receipts of invoice. Purchase terms to be net 30. All accounts, which are not paid in full within thirty days, shall bear interest at the rate of 2 % per month on any unpaid balance. Yellow Checker Cab Co. Inc. may, at its option, accept past due payments without modifying the terms of this agreement, and without waiving any further rights of Yellow Checker Cab Co. Inc. hereunder. In the event it becomes necessary for Yellow Checker Cab Co. Inc. to commence legal proceedings to collect any amounts due by reason of any purchase made by applicant, applicant hereby agrees to pay reasonable attorneys fees and any court costs.

OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

