



California Transport Enterprises, Inc.

P.O. Box 471 * South Gate, CA 90280 * Tel. 323-357-1720 Fax. 323-357-1724

For future transactions, please fill out this Credit Application If your credit is not established with us, we will have to accept your shipments on a COLLECT basis only. Thanks.

APPLICATION FOR CREDIT

Date _____
Firm Name _____
Parent Company if subsidiary _____
Proprietor _____
Or Partner's Names _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ e-mail _____
Kind of Business _____
At present location since (date) _____ Year Establish _____
Is business incorporated? _____
If so, under laws of what state? _____
Incorporated for \$ _____ Amount actually paid in \$ _____

REFERENCES:

(Give only names of those you buy from an open account)

1. Name _____ Contact _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

2. Name _____ Contact _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

3. Name _____ Contact _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

Real Estate Owned _____ Value \$ _____ Mortgages \$ _____

Mortgage on Machinery or Equipment \$ _____ Held By _____

Do you pledge or borrow on your accounts receivable? _____

From whom? _____

Insurance carried (specify) _____

Bank _____ Branch _____ Account No. _____

Street Address _____ City _____ State _____ Zip _____

Contact _____ Tel. # _____ Fax# _____ email _____

Applicant understands and will meet terms of seven days net, according to PUC regulations.
Failure to pay Billed Charges may result in a Lien on Future Shipments.

Signature *Name (Print)* *Title* *Date*