



**Canyon Tire Sales, Inc**  
 10630 Garfield Ave, Unit 2, South Gate, CA 90280  
 Phone: 323-727-1010 Fax: 323-727-1155

Account #: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

## Commercial Credit Application

### BUSINESS CONTACT INFORMATION

Company Name:			
Division or Subsidiary:			
Phone:	Fax:	E-mail:	
Company Address:			
City:	State:	ZIP Code:	
Date Business Started:	Years Incorporated:	Own or Rent Building?	
Sole proprietorship:	Partnership:	Corporation:	Other:
Type of Business:	P.O. Required?		
Tax Exempt?	If Yes Please Send Copy of Form	Waste Hauler Number:	
Have You Ever Filed For Bankruptcy?		If Yes When?	

### NAMES OF OWNERS, PARTNERS, OR OFFICERS

Name and Title:
Name and Title:
Name and Title:

### BANK INFORMATION

Bank Name:	Contact Person:
Bank Address:	Phone: Fax:
Account Number(s):	Type of Account?

### BUSINESS TRADE REFERENCES

Company Name:	Contact Person:
Address:	
Phone:	Fax: E-mail:
Type of Account:	Account Number:
Company Name:	Contact Person
Address:	
Phone:	Fax: E-mail:
Type of Account:	Account Number:
Company Name:	Contact Person
Address:	
Phone:	Fax: E-mail:
Type of Account:	Account Number:

### AGREEMENT

I hereby certify that all statements in this application are true and are made for the purpose of obtaining credit and agree to make payment in full when due to the above address. I further agree to pay reasonable attorney's fees and all costs of suit as fixed by the court if action be commenced on this account. Terms are understood as Net 10<sup>th</sup> Prox following month of billing. A service charge of 1-1 1/2 % (18% annual percent rate) will be assessed on any unpaid balance on the 25<sup>th</sup> of the month.

Date: Signed: Title:

### TO WHOM IT MAY CONCERN

I have applied for credit with Canyon Tire Sales, Inc. Please furnish them with the needed information on my account. Thank you.

Authorized Signer: Title: Date: