



1880 South 7th St., San Jose, Ca 95112

Office (408) 286-3400

Fax (408) 293-0301

Taxi (408) 293-1234

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 _____

