

Lakeside Specialized Transportation

P/O Box 1341 Verdi, Nevada 89439 (775) 345-6900

CREDIT APPLICATION

RETURN FAX NO. (775)345-6909

Legal Name _____ Phone Number _____

Trade Name (DBA) _____ Fax Number _____

Billing Address, if different _____
 City _____ County _____ State _____ Zip _____

Street Address _____
 City _____ County _____ State _____ Zip _____

Person to contact regarding Financial Matters _____ Title _____

Type of Business _____ Yrs. in Business _____

Parent Company Name & Address _____
 (if Branch, Subsidiary, or Division)

Proprietorship Corporation
 Limited Partnership Partnership
 Ltd. Liab. Corp. Government
 Incorporated in State of _____
 Federal Tax ID# _____
 P.O.# Required? No Yes
 Tax Exempt? No Yes
 (Attach Exemption Certificate)

BANK REFERENCES

Bank Name & Branch	Contact, Telephone & Fax	Account Numbers
	Phone: _____ Fax: _____	<input type="checkbox"/> Checking _____ <input type="checkbox"/> Loans _____
	Phone: _____ Fax: _____	<input type="checkbox"/> Checking _____ <input type="checkbox"/> Loans _____

TRADE CREDIT REFERENCES

Name	Telephone No.	Fax No.	Account#/Contact

OFFICERS / PRINCIPALS OF COMPANY

Name	Home Address (required on proprietors & partners)	Social Security No.	Title	Ownership %

Attached are copies of our most current financial statements. (Certified, audited statements preferred.)

I understand and agree to the following credit terms:

PURCHASES: I agree that all invoices must be paid in full on or before the 10th day following date of invoice. To induce prompt payment of the purchase price, a service charge in the amount of 1½% per month (18% APR) of the amount due shall be paid by the purchaser.

ATTORNEY FEES: I agree that if this open account is past due and placed in the hands of an attorney for collection to pay such additional sum as reasonable attorneys' fees for collection assistance whether or not a suit or action is instituted, and if a suit or action is instituted to collect any past due amounts, I agree to pay such additional sum as may be adjudged as reasonable attorneys' fees by the appropriate trial or appellate court.

I warrant the information shown above to be true. I authorize the person to whom this application is submitted to investigate the references herein, statements, or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

FOR ADMIN. USE ONLY:

Customer No. _____

Date Entered _____

Credit Limit \$ _____

Approved By _____ Date _____

Date _____

By _____
 Signature of Officer or Authorized Agent

Title _____

Firm _____