



P.O. BOX 1429 LATHROP, CA 95330-1429 209-234-1500 FAX 209-234-1630

BILLING INFORMATION -----

BUSINESS NAME _____
MAILING ADDRESS _____
PHYSICAL STREET ADDRESS _____
PHONE # _____ E-MAIL _____
FAX # _____ RESALE # _____
ANY BANKRUPTCIES EVER FILED? _____ IF SO, DATE? _____
REQUESTED CREDIT LINE \$ _____ IF OVER \$5,000 ATTACH CURRENT FINANCIALS

COMPANY INFORMATION -----

CORPORATION _____ DATE & STATE _____ PARTNERSHIP _____ PROPRIETORSHIP _____
DO YOU REQUIRE PURCHASE ORDERS? YES _____ NO _____
AUTHORIZED BUYERS _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS, PROPRIETORS-----

(SOCIAL SECURITY #'S ARE REQUIRED ON COMPANIES IN BUSINESS FOR LESS THAN 4 YEARS)

NAME _____ TITLE _____ S.S. # _____
HOME ADDRESS _____ PHONE # _____ E-MAIL _____
NAME _____ TITLE _____ S.S. # _____
HOME ADDRESS _____ PHONE # _____ E-MAIL _____

TRADE REFERENCES (LIST MAJOR SUPPLIERS) -----

NAME _____ CITY _____ PHONE# _____
NAME _____ CITY _____ PHONE# _____
NAME _____ CITY _____ PHONE# _____
NAME _____ CITY _____ PHONE# _____

COMPANY BANK REFERENCES-----

BANK NAME/CITY _____ ACCT# _____
BANK NAME/CITY _____ ACCT# _____

TERMS OF SALE AND CONDITONS -----

IN CONSIDERATION FOR EXTENDING CREDIT, APPLICANT AGREES THAT PAYMENT WILL BE MADE WITHIN MAGNUM TRANSPORTATION INC, INVOICE TERMS, AND IN THE EVENT THAT SUIT IS FILED TO COLLECT ANY MONEY DUE, APPLICANT AGREES TO PAY ATTORNEY'S FEES IN AN AMOUNT THE COURT MAY DEEM REASONABLE. APPLICANT AGREES TO PAY A LATE PAYMENT CHARGE OF 2% PER MONTH ON ANY PAST DUE ACCOUNT. ALL DISCOUNTABLE INVOICES ARE SUBJECT TO CASH DISCOUNT IF PAID WITHIN 20 DAYS OF THE INVOICE DATE. ALL INVOICES ARE SUBJECT NET THE 30TH OF THE MONTH FOLLOWING BILLING. EXCEPTIONS MUST BE IN WRITING. WARNING: PRODUCTS CONTAIN CRYSTALLINE SILICA, A CHEMICAL KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER. PLEASE CONTACT PLANT MANAGER OR OFFICE SUPERVISOR FOR MORE INFORMATION.

SIGNATURE MUST BE AN OFFICER, OWNER OR PARTNER

SIGNATURE _____ DATE _____

PRINT NAME _____

