



# GATEWAY Transport, Inc.

5655 Lindero Canyon Road • #701 • Westlake Village • CA 91362 • (818) 991-9009 • Fax: (818) 991-0090 • E-mail: sales@gatewaytransport.com

## Credit Application

Customer Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ D&B#: \_\_\_\_\_ Fax: \_\_\_\_\_

**Type of Entity** Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Name of Principals: \_\_\_\_\_ SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

### **Bank References**

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

### **Trade References**

Company(1): \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company(2): \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Transportation References**

Company(1): \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company(2): \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Agreement**

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are that which are stated on the invoices. All amounts are due in accordance with said stated terms.
2. Past due balances are subject to a service charge of a maximum permitted by state law and not less than \$1.00.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned hereby authorizes the above mentioned banks and companies to release the information requested.
5. The undersigned agrees to the terms and conditions stated herein.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax back to (818) 991-0090 or mail attention Credit Department**