

Tru-Power, Inc

Fax (951) 277-3190 Phone (951) 277-3180

Credit Application

Business Name:

Address:

City: State: Zip:

Phone: Fax: Years In Business:

Amount of credit requested: \$

Check One: Corporation Partnership Proprietorship

(If Corporation or partnership, please complete page 2)

Owner's Name: Home Phone:

Address:

City: State: Zip:

Bank Reference Name:

Address:

City: State: Zip:

Phone: Fax: Account Number

Trade References

Co. Name: Co. Name:

Address: Address:

City: St: City: St:

Zip: Phone: Zip: Phone:

Fax: Contact Fax: Contact

Acct No. Acct No.

Co. Name: Co. Name:

Address: Address:

City: St: City: St:

Zip: Phone: Zip: Phone:

Fax: Contact Fax: Contact

Acct No. Acct No.

I (we) agree to the payment terms in affect at the time of each sale, and should legal collection become necessary, to pay reasonable legal fees. I (we) agree to pay all service charges should account become past due.

Signature: _____ Social Sec. #: _____

All applicants: Please submit most recent balance sheet with credit application. All proprietorships please submit personal financial statement with application. Corporations requesting large lines of credit will be required to have all principals sign personal guarantees.

Authoriztion To Release Credit And Financial Data

Name of business _____ by _____ (print) in the position of: _____ (title),
authorizes and agrees to the release of credit, financia, and performance information on business shown above, to Tru-Power Inc.

Signature: _____ Date: _____

Business address _____ City: _____

Corporations and partnerships must fill out page 2.

Additional Business Information

Corporate Name:

DBA:

Corporate Address (if different from business address)

Street:

City: State: Zip:

Phone: Fax:

Please list all corporate officers

President:

Home Address:

City: State: Zip:

Home Phone: Home Fax:

Vice President:

Home Address:

City: State: Zip:

Home Phone: Home Fax:

Secretary:

Home Address:

City: State: Zip:

Home Phone: Home Fax:

Treasurer:

Home Address:

City: State: Zip:

Home Phone: Home Fax:

Complete below if a partnership

Name of partnership:

DBA:

Address:

City: State: Zip:

Phone: Fax:

Name of partners: (1)

Home Address:

City: State: Zip:

Home Phone: Home Fax:

Name of partners: (2)

Home Address:

City: State: Zip:

Home Phone: Home Fax: