

FORKLIFT TIRE COMPANY INC

4433 Colbath Ave # 3, Sherman Oaks, CA.91423 / 866.313.2180

<http://www.forklifttire.com/>

Debtor Credit Application

Please fill out first page completely

Your company name: _____ (“APPLICANT”)
(If sole proprietorship, owner’s name. If corporation or LLC, name of company)

MC Number/Freight Forwarder/ Duns Number (if applicable): _____

Billing Address: _____ Physical Address: _____

City State Zip City State Zip

Telephone Number (no direct numbers): _____ Fax Number: _____

Accounts Payable Email address for billing purposes / if originals required write originals: _____

Standard Payment Terms: _____ Credit Amount Requested \$ _____

Note: the purpose of this application is to establish a credit limit so that our customer can grow their business with your company. Due to the lack of information found on your company, this application must be filled out and returned to Interstate Capital- (Factor) at your earliest convenience.

The undersigned authorized representative of APPLICANT understands that the information contained herein will be relied upon for the purpose of extending trade credit and hereby authorizes representatives or assignees of vendor (collectively the “Vendor”), to contact the references listed below for the purpose of establishing an open credit line for APPLICANT. The undersigned authorized representative of APPLICANT understands that in the credit investigation process, Vendor may need to make inquiries with such references as often as Vendor deems necessary. The undersigned authorized representative of APPLICANT hereby authorizes the Bank and Trade References listed below to release information about the APPLICANT, including but not limited to payment history, NSF check experience, depository account status, balance information and hereby holds harmless all such references against any actions by APPLICANT relating to the dissemination of any information, positive or derogatory to Vendor.

Bank Name: _____ Address, City/State: _____

Phone #: _____ Acct (1) #: _____

Acct (2) #: _____ Line of credit or loan #: _____

Authorized Representative Signature: _____ Title: _____
Officer, Owner or Partner

Type or Print name: _____

(1)

**FORKLIFT TIRE
COMPANY**



This page,
Fill out only the highlighted fields and if bank is Wells Fargo ****ONLY****



Verification of Deposit Consumer Account Ratings

For faster processing, please complete the form on your computer before printing.

This form is for companies requesting consumer deposit account rating information in order to establish a line of credit. Please complete the form including the customer authorization signature and follow the procedures at www.wellsfargo.com/biz/vod. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

Company Name																							
Attention																							
Street Address																							
City																		State		Zip			
Requester Email (optional)																							
			-				-								-				-				
Requester Phone Number										Return Fax Number													

SECTION 2: CUSTOMER INFORMATION

[illegible]

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requester on my deposit accounts above: Account Number, Account Type, Open or Closed, Account Holder(s), Open/Closed Date, Current Interest Rate and Average 12 Month/Closing Balance in Figure Form. In addition CDs and IRAs will include Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder		Date	
Signature of Account Holder		Date	

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Trade Vendor References

no personal references

Please attach your own vendor form or fill out the below. Please list at least Four vendors in the same industry as our client that have extended credit to you in approximately the same amount as our client is requesting to be extended to you.

Company Name: _____

Company Name: _____

City and State: _____

City and State: _____

Phone #: _____

Phone #: _____

Contact Name: _____

Contact Name: _____

Company Name: _____

Company Name: _____

City and State: _____

City and State: _____

Phone #: _____

Phone #: _____

Contact Name: _____

Contact Name: _____

Company Name: _____

Company Name: _____

City and State: _____

City and State: _____

Phone #: _____

Phone #: _____

Contact Name: _____

Contact Name: _____

A credit decision is pending receipt of this application and responses from the trade references. Kindly return the application once it has been filled out to the email address below:

Accounting Department, Forklift Tire Company, Inc., accounting@forklifttire.com or Fax 516-762-2180

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**FORKLIFT TIRE
COMPANY**