

# *City* Tow Service

704 West 17<sup>th</sup> Street, Long Beach, CA 90813

PHONE: (562) 432-0941 FAX: (562) 437-5579

## APPLICATION FOR CREDIT

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**Company Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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**Address:** \_\_\_\_\_ **Years at this address:** \_\_\_\_\_

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Following information must be completed in full. All information is strictly confidential.**

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**For Corporation: yes / no Partnership: yes / no Proprietorship: yes / no Individual: yes / no**

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**Was Company Incorporated within the last twelve months: yes / no**

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### OWNERSHIP INFORMATION

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**Name of President:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Name of Secretary:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Name of Treasurer** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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### FINANCIAL INFORMATION

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**Bank Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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**Bank Address:** \_\_\_\_\_ **Account Representative:** \_\_\_\_\_

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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### REFERENCES

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**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.**

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**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_