



Mailing Address:  
P.O. Box 5126  
Stockton, CA 95205

Physical Address:  
5050 E. Carpenter Rd.  
Stockton, CA 95215

Phone: [209] 948-4061  
Dispatch Fax: [209] 948-1791  
Billing Fax: [209] 547-1109

### New Customer Information Form

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

Customer: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Contact: \_\_\_\_\_

Billing Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Physical Address (billing): \_\_\_\_\_  
\_\_\_\_\_

Do you reference a P.O # \_\_\_\_ Job # \_\_\_\_ Other (explain) \_\_\_\_\_

Who do we contact for this information: \_\_\_\_\_  
\_\_\_\_\_

Do you have more than one billing location? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special requests or comments: \_\_\_\_\_  
\_\_\_\_\_

# Reeve Trucking Company

*Credit Application Agreement*

P.O. Box 5126-Stockton, CA 95205

Phone 209 948-4061 Fax 209 547-1109

TO EXPEDITE APPROVAL OF THIS APPLICATION ALL PORTIONS MUST BE COMPLETED

The following information is provided as an inducement for the granting of credit by Reeve Trucking Company to the undersigned for the purchase of goods & services.

## Statement of Ownership

Company Name	Year Established
Parent Company (if subsidiary)	Is the Business Incorporated? State?
Proprietor/Partner's Name(s)	Corporation Number?
Physical Address	How long at This Address?
City                      ST      ZIP	Phone
Mailing Address	Facsimile
City                      ST      ZIP	Federal Tax ID
<b>Amount of credit requested:</b>	
<b>Financial Information</b>	
Dunn & Bradstreet Number: <small>Has your company or any of its principal Owners ever filed for bankruptcy?</small>	If yes, how recent?
(1) Bank Name	Account Number:
City                      ST	Contact Name              Phone
(2) Bank Name	Account Number
City                      ST	Contact Name              Phone
Who is authorized to sign              1) Checks at your company:	2)                      3)
<b>Trade References</b>	
Give only the names of those you buy from an open account. Please include at least one trucking company.	
(1) Company Name	Type of Business
Address                      City	State                      Zip
Contact Name              Phone	
(2) Company Name	Type of Business
Address                      City	State                      Zip
Contact Name              Phone	
(3) Company Name	Type of Business
Address                      City	State                      Zip
Contact Name              Phone	

Terms & Conditions

If credit is extended, the undersigned agrees that the following terms shall apply to all transactions with Reeve Trucking Co., Inc. (RTCI):

- 1) The Undersigned will inform RTCI within 15 days in writing...
2) In the event payment is not made within 30 days...
3) In the event RTCI employs an attorney to collect any delinquent payment...
4) Payments made on the undersigned's account will be credited first to cost of collection...

- 5) In the event the undersigned is delinquent on any payment, RTCI shall have the right to terminate all future deliveries...
6) The undersigned agrees that any actions or proceedings relating directly or indirectly to the collection of any amount due...
7) The undersigned agrees to pay RTCI for freight, labor and materials rendered, within a maximum of thirty (30) days...

- the refusal of any other related party to pay the undersigned. No retention will be withheld from payments, NO EXCEPTIONS!
8) Disputes of any kind must be brought to RTCI's attention (in writing) within 30 days of the date of the invoice.
9) The undersigned agrees that orders given verbally will be honored the same as if the order was placed in writing.
10) No purchase order, agreement, contract, written document or verbal agreement can alter this agreement.

Submission of this signed credit application authorizes the release of credit information about applicant and the personal guarantor from credit reporting agencies in addition to sources submitted by applicant. Credit reports may be obtained from credit report agencies at RTCI's discretion. Information obtained by RTCI from these sources will be kept in the strictest confidence.

Full Name of Firm \_\_\_\_\_ Dated \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_
MUST BE SIGNED BY OWNER, PARTNER OR CORPORATE OFFICER WITH AUTHORITY TO BIND THE APPLICANT AND BE AUTHORIZED TO ENTER INTO CREDIT APPLICATION TERMS AND CONDITIONS.

Individual Personal Guaranty (Required for Proprietorships, Partnerships, and LLC's)

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

I, \_\_\_\_\_, residing at \_\_\_\_\_

for and in consideration of your extending credit at my request to \_\_\_\_\_ (the firms name)

(hereinafter referred to as "Company"), of which I am \_\_\_\_\_ (title)

hereby personally guarantee to you, Reeve Trucking Co., Inc. in the State of California of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment, and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the bank named to release information requested for the purpose of obtaining and/or reviewing my company's credit from time to time.

SIGNATURE \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.