

2550 South Garnsey Street Santa Ana, California 92707 (714) 556-7600 FAX (714) 556-4100

Application for Open Account

Firm Name		Phone		
Billing Address				
City	Sta	te Zi	p	
Shipping Address				
City	Sta	te Zi	p	
CityOwnership: □Corporation Officer/Principal	(State) □Partr	nership u Sc	ole Proprietor	
Principal Home Address				
Type of Business	Number	Number of Vehicles		
Type of Vehicles Used		PO' s Required?		
Fax Number	Year C	PO' s Required? Year Company Established		
How long in business under pr	resent ownership?			
Anticipated monthly purchases	s \$ Accounts Pa	yable Contact		
Trade References Please li	st four companies.			
	·			
1. Company	Phone	Contact		
Address	City	State	Zip	
2. Company	Phone	Contact		
Address				
3. Company	Phone	Contact		
Address				
			P	
4. Company	Phone	Contact		
4. CompanyAddress	City	State	Zip	
Bank Reference				
Bank Reference				
Bank	Phone	Account	#	
Address	City	Nooduni	"	
/ lddi C33	Only	Olato	ZiP	
For the purpose of obtaining service from Me	troPro Road Services, Inc. and it's affiliat	ted companies on credit, th	ne above statements in	
writing are true and correct. I also understand	I that the terms of the open account are r	net 10 th of the month follow	ring the date of invoice.	
Late charges will apply at one and one half pe a collection agency or should legal action be				
Road Services, Inc. or it's affiliated companie				
law.				
The signature below constitutes authorized	orization for the above listed bank	k and trade references	to release rating	
information to MetroPro Road Service	es, Inc. The undersigned has read			
writing and agreed upon by both part	ies.			
Signed	Title	Da	ate	