New Account Form

Date: _____ Pac Pride ❑ Tank Wagon ❑

Company Name: _____ Street Address: _____

City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____

Billing Address if Different Than Above _____

Type of Business _____ Established _____ Credit Line Desired _____

(Check one) ❑ Corporation ❑ Co-Partnership ❑ Limited Partnership ❑ Individual

Taxpayer ID _____

Principals:
If Corporation, provide
Information on Pres. & Sec.

Name _____ Address _____

Title _____ DOB _____

Soc. Sec. #_____ Cell Ph#_____

Partnership, include
sheet if necessary).

Name _____ Address _____

Title _____ DOB _____

Soc. Sec. #_____ Cell Ph#_____

Banking Accounts

Checking _____

Account # Name Address (Contact Party) Phone

Saving _____

Account # Name Address (Contact Party) Phone

Trade Credit References

_____

Name Address Phone & Fax Contact

_____

Name Address Phone & Fax Contact

_____

Name Address Phone & Fax Contact

Is business exempt from Gasoline Use Tax? ❑ Yes ❑ No IN Exempt #_____

Products Company Expects to Purchase _____

The undersigned applicant represents that the information given in this application is complete and accurate and authorizes Ridis to check with credit reporting agencies, credit references and other sources disclosed to confirm information given.

Signature: _____

Date: _____

Internal Use Only

Sales Rep _____ Credit Amount Established _____

Terms _____ Account ID _____

Date Approved _____ Approved By _____

Pacific Pride Applicants – Please See Reverse Side

Pacific Pride Fleet Card

Are you currently using the Pacific Pride Network? ❑ Yes ❑ No

Do you want your Pacific Pride transactions recorded by Vehicle, Driver, or Both? _____ Do you want your odometer readings on your Pacific Pride system reports? ❑ Yes ❑ No

Please fill out the following information for card set up –

Vehicle #	Driver	Name/Description	Tank Capacity	Diesel	Gas

Credit Information Release Form

Name: _____ Date of Birth: _____

Present Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Social Security #: _____ Employer: _____ How Long: _____

Spouse's Name: _____ Social Security #: _____

I hereby authorize Ridis to obtain all credit information, as needed. The above information is correct and accurate.

Signature: _____

Date: _____