



APPLICATION FOR CREDIT

Name of Business _____

Shipping Address _____ Billing Address _____

City _____ State _____ City _____ State _____

Zip _____ Phone _____ Zip _____ Phone _____

Fax _____ E-mail _____

Type of purchases to be made: Parts Service

Number of trucks currently operating: _____

Amount of Credit you are requesting: \$ _____

Are Purchase Orders required: Yes No

If purchases are restricted please list persons who are authorized to make purchases:

Will your purchases be for resale: Yes No (If yes, please fill out form on reverse side of this page.)

Will your purchases be tax exempt for any other reason: Yes No (If yes, please attach completed State Exempt Sale Certificate with your tax exemption number)

Type of Ownership:

Corporation

State of Incorporation _____ Year _____ Corporate ID # _____

Partnership

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

Sole Proprietor

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

"We'll get you back on the road!"