

"We Can Handle It!"

TRUCK MAINTENANCE, INC.

3801 OPTION PASS
260-489-7575

FORT WAYNE, IN 46818
FAX 260-489-7755

Credit Application

Date _____

Company/Individual's Full Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Mobile Phone _____ Fax _____

Address for billing if different than above _____

SS# _____ Federal ID# _____

Type of business _____ Years in business _____

Corporation Partnership Other _____

Name/address/title of owner, partners or officers

Maximum credit anticipated \$ _____

Our terms are "Net 15 days." Is this acceptable? yes no

If no, please explain. _____

Terms: Net 15 days. A service charge of 1.5%, or APR of 18% per year with a minimum service charge of \$1.00, will be added to all accounts after 30 days. All legal fees incurred in connection with an invoice will be paid by customer.

Current employment (for individuals) _____

Address _____ Phone _____

Tax exempt? yes no **INCLUDE COPY OF EXEMPTION CERTIFICATE.**

Do you require a purchase order number? yes no

A purchase order number required only if over \$ _____

Do you require a verbal OK or purchase order number before the work is performed? _____

Other special billing requirements _____

Accounts payable contact _____ Phone _____

Contact person for truck repair _____

Previous maintenance facility used _____

Bank reference _____ Phone _____

Account # _____ Type account _____

Address _____

Bank contact person _____ Phone ext. _____

Bank reference _____ Phone _____

Account # _____ Type account _____

Address _____

Bank contact person _____ Phone ext. _____

Please list four credit references: Name, address, phone, contact person

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the above firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Signature _____ Title _____

Thank you for doing business with Truck Maintenance, Inc.