"We Can Handle 9t!" TRUCK MAINTENANCE, INC. 3801 OPTION PASS 260-489-7575 FORT WAYNE, IN 46818 260-489-7575	Credit Applicatio
Date	
Company/Individual's Full Name	·
Address	
City	State ZIP
Telephone Mobile Phone	e Fax
Address for billing if different than above	
SS#	Federal ID#
Type of business	
Corporation D Partnership	Other
Name/address/title of owner, partners or officers	
Name/address/title of owner, partners or officers	no
Name/address/title of owner, partners or officers Maximum credit anticipated \$	nO ervice charge of \$1.00, will be added to all accounts after 30 days. All legal fees incurred in
Name/address/title of owner, partners or officers	nO ervice charge of \$1.00, will be added to all accounts after 30 days. All legal fees incurred in
Name/address/title of owner, partners or officers	no ervice charge of \$1.00, will be added to all accounts after 30 days. All legal fees incurred in Phone
Name/address/title of owner, partners or officers	ervice charge of \$1.00, will be added to all accounts after 30 days. All legal fees incurred in Phone COPY OF EXEMPTION CERTIFICATE no
Name/address/title of owner, partners or officers	ervice charge of \$1.00, will be added to all accounts after 30 days. All legal fees incurred in Phone COPY OF EXEMPTION CERTIFICATE no

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.