



Fax Cover Sheet

To: Credit Department Fax: 651-634-3415

From: Date:

Telephone: Pages: (Excluding Cover)

RE: Credit Application

Urgent For Review Please Comment Please Reply Confidential

Notes and Comments:

Important: Please make sure to sign the application.

***If you have tax exempt status, make sure to attach your certificate of exemption.

Credit Application

COMMERCIAL TRUCK & TRAILER REPAIR, INC.

2255 West County Road C-2 Roseville, MN 55113

(651) 639-2281 Phone

(651) 634-3415 Fax

Date: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you require purchase order numbers? _____ Credit line requested _____

How long has your company been in business? _____ Are you tax exempt? _____

*****If you are, please enclose certificate of exemption.**

Bank References: Bank _____
Address _____
Phone # _____
Contact _____
Account # _____

Applicant, by submitting this application, applies for credit with Commercial Truck & Trailer Repair, Inc. Until credit is approved, all business will be C.O.D. or Prepaid. Applicant authorizes Commercial Truck & Trailer Repair, Inc. to investigate Applicant's credit record including references and statements and to report Applicant's performance of this agreement to any credit reporting agency or other credit grantor. Applicant agrees to 30-day terms. Financial statements may be requested.

Terms and Conditions of sale: No terms or conditions of purchase orders different from the terms of Commercial Truck & Trailer Repair, Inc. will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Commercial Truck & Trailer Repair, Inc. The laws of the State of Minnesota shall be applicable to all suits arising under any agreement between the Applicant and Commercial Truck & Trailer Repair, Inc. In the event of litigation, venue shall be in Minneapolis/St. Paul, Minnesota.

THE PERSON SIGNING THIS APPLICATION CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION (AND ANY ATTACHMENTS) ARE TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Signature of Owner/President/Partner

Printed Name of Owner/President/Partner

Other Authorized Signature

Name and Title of Other Authorized Signature

For Office Use Only:

Approved By: _____ Credit Limit: _____ Customer # _____

Date: _____ Customer Notified: _____

Terms: _____ Terminal Notified: _____

D&B # _____ D&B Rating _____

Bank Reference _____ Bank _____