



Parts & Service Credit Application Form

www.truckcentersinc.com

CUSTOMER APPLICATION
FILL IN & MAIL OR FAX

TRUCK CENTERS, INC (800)-669-3454 or (618) 667-3454
Corporate Office (and mailing address)
2280 Formosa Road P.O. Box 150
Troy IL 62294 Fax: (618) 667-4680
Website Link: www.truckcentersinc.com

PLEASE PRINT

Locations to Serve You: (Please check the locations you will utilize)					
Illinois Locations:	Mt. Vernon <input type="checkbox"/>	Troy <input type="checkbox"/>	Springfield <input type="checkbox"/>	Morton <input type="checkbox"/>	Decatur <input type="checkbox"/>
Missouri Locations	St. Louis <input type="checkbox"/>	St. Peters <input type="checkbox"/>			
Estimate of Total Purchases per Month \$ <input type="text"/>					

General Information					
Date	<input type="text"/>				
Company/Firm Name	<input type="text"/>				
Name	<input type="text"/>		<input type="text"/>		<input type="text"/>
	Last	First	Middle		
Address	<input type="text"/>		<input type="text"/>		<input type="text"/>
	Street	City	State	Zip Code	
Telephone #	<input type="text"/>		Cell/Beeper/Other Phone:		<input type="text"/>
	(Area Code)				(Area Code)
Fax #	<input type="text"/>		Shop/Firm Phone:		<input type="text"/>
	(Area Code)				(Area Code)
Is the business a:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	# of Trucks:	<input type="text"/>
				Years in Business:	<input type="text"/>
Operates from:	Residence <input type="checkbox"/>	Shop <input type="checkbox"/>	Office <input type="checkbox"/>	Federal ID Number	<input type="text"/>
				How Long	<input type="text"/>
Haul for / Lease to:	<input type="text"/>		Address	<input type="text"/>	Phone <input type="text"/>
	Company Name				(Area Code)
Person to contact regarding Accounts Payable	<input type="text"/>			Phone	<input type="text"/>
				(Area Code)	(Ext)

Principal's Information					
Name:	<input type="text"/>		Position:	<input type="text"/>	SSN:
					<input type="text"/>
Home Address:	<input type="text"/>			Home Phone	<input type="text"/>
				(Area Code)	
City:	<input type="text"/>		State:	<input type="text"/>	Zip Code <input type="text"/>
Spouse's name	<input type="text"/>			SSN	<input type="text"/>
Place of Employment:	<input type="text"/>			Phone Number:	<input type="text"/>
				(Area Code)	



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Credit References (Need 4 References) [FILL IN ALL INFORMATION]				
Name	Address	Phone	Account No.#	Balance
Reference 1	(Street, City, State, Zip Code)	(Area Code)		
Reference 2	(Street, City, State, Zip Code)	(Area Code)		
Reference 3	(Street, City, State, Zip Code)	(Area Code)		
Reference 4	(Street, City, State, Zip Code)	(Area Code)		

Financial Information			
Bank Name	Address	Phone (Area Code)	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Please attach a copy of your most recent Balance Sheet and Income Statement. If a Balance Sheet and Income Statement are not available, please enclose a copy of your most Federal Income Tax Return. All financial information will be stored as Confidential and Truck Centers management; staff will treat all information as strictly confidential.			

Billing Information	
TAXABLE: Yes <input type="checkbox"/> No <input type="checkbox"/> - If No - List ICC No. or Resale No. _____ (Must attach tax exempt certificate)	Require PO No. Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment Reference: By Invoice <input type="checkbox"/> (Due 30 days from Invoice Notice)	By Statement <input type="checkbox"/> (Due 10 th of the Month)

Terms / Signatures	
<p>This application is submitted by the undersigned for the purpose of obtaining a credit account with Truck Centers, Inc. I We certify that all information on this form is correct and that credit terms set forth are understood and acceptable. This is NOT a revolving charge account. No terms or conditions of purchase orders different from the terms of Truck Centers will become part of any sale agreement, purchase order or other document. Credit terms are as specified on each invoice. Late payments are subject to a late payment penalty of 1.5% per month on any such delinquent debt or the maximum rate permissible by law (whichever is lower). In consideration of personal benefits accruing to me, I guarantee payments of all correct charges to the business and if for any reason the account is not paid when due, I will pay it in full. If after delinquency, Applicant's account is referred to a collection agency or attorney for collection, Applicant Guarantor agrees to pay reasonable charges incurred by Truck Centers, Inc., including reasonable collection agency or attorney's fee and court cost.</p> <p>I (We) hereby authorize our bank(s) and credit references listed above to release credit information to Truck Centers, Inc for the extension or continuation of credit.</p> <p>I (We) have read and agree to the terms and payment conditions.</p>	
Signature: _____	Date: _____
Signature: _____	Date: _____



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Date:

To: Truck Centers, Inc.

The undersigned hereby consent(s) to Truck Centers, Inc. use of non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and / or guarantor(s) in connections with the extension of the business credit as contemplated by this credit application/agreement. The undersigned hereby authorize Truck Centers, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application/ agreement. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

(Signature as Individual)

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