

# COMMERCIAL CREDIT APPLICATION

**SPIRIT TRUCK LINES**  
**Credit and Collections Department**  
**P.O. Box 87**  
**San Juan, TX 78589**

**Tel: 800.726.7515**  
**Fax: 956.781.1822**  
**www.SpiritTruckLines.com**

Check one: ☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietorship ☐ Other: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_ Dun and Bradstreet Number: \_\_\_\_\_

Exact Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_  
Street Address City State Zip

Date Business Began: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

Address of Business: \_\_\_\_\_  
Street Address City State Zip

If business is a partnership or sole proprietorship, the names and addresses of each partner or sole proprietor are:

Name Street Address City State Zip

Name Street Address City State Zip

Name Street Address City State Zip

If business is a corporation, attach a list of the names and addresses of its officers and directors.

Are you C-TPAT certified? ☐ Yes ☐ No If Yes, Provide your SIV Number: \_\_\_\_\_

Please list any Memberships with Professional Associations: \_\_\_\_\_

Are you in or have you recently emerged from bankruptcy proceedings (Chapter 11 or others) within the last 5 years? ☐ Yes ☐ No

## BANK AND TRADE REFERENCES

### BANK

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

### TRADE REFERENCES

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

# COMMERCIAL CREDIT APPLICATION (CONTINUED)

Special Billing Requirements: \_\_\_\_\_  
\_\_\_\_\_

Billing Address (if different from corporate address)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to Contact in Accounts Payable: \_\_\_\_\_

Accounts Payable Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts Payable email address: \_\_\_\_\_

## CREDIT TERMS & CONDITIONS

For the purpose of establishing and maintaining credit, the foregoing statement and information contained on this application, both written and printed, are full, true, and correct statements of my financial condition, on the date stated. The undersigned agrees to notify Spirit Truck Lines, Inc. immediately in writing of any material change in financial condition. The undersigned authorizes Spirit Truck Lines, Inc. to make inquiry into, to request, and to receive any information concerning character, general reputation, personal characteristics, financial and credit information from creditors, banks, or credit unions which Spirit Truck Lines, Inc. deems relevant for the granting and collection of the proposed indebtedness and the undersigned authorizes any creditor, bank, or credit union to divulge such information. The undersigned understands that Spirit Truck Lines will be relying on the accuracy in all of the matters set forth in this application and all information obtained in determining whether to extend credit.

### **THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY FEES IN THE EVENT IT FAILS TO PAY ANY CHARGES WHEN DUE.**

For any transaction, the undersigned agrees to pay all charges within 15 days following the statement date. The undersigned also agrees to pay any collection expense charges.

Spirit Truck Lines, Inc. reserves the right to withdraw credit immediately, or not to extend credit to the undersigned at its sole discretion at any time.

The undersigned wishes to apply for credit with Spirit Truck Lines, Inc. in accordance with these terms and conditions that have been read, understood and accepted.

Print Name of Authorizing Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_