

CREDIT APPLICATION PARTS & SERVICE



PLEASE PRINT & REMIT BY MAIL OR E-MAIL ANEAL@TRUCKCENTERSINC.COM

APPLICATION DATE: _____

LOCATIONS THAT YOU WILL UTILIZE *(please check all)*

ILLINOIS

- Troy
- Springfield
- Mt. Vernon
- Morton
- Hudson
- Effingham
- Decatur

INDIANA

- South Bend
- Evansville
- Elkhart

MISSOURI

- St. Louis
- Foristell

ESTIMATED MONTHLY TOTAL PURCHASES: \$ _____

GENERAL INFORMATION

Type of Application New Account Renewal Change Credit Limit Other _____
(circle all that apply)

Have you applied for credit at TCI before? _____ If yes, give date(s) _____

Company Name _____

Name _____
LAST FIRST MIDDLE

Address _____ # of Trucks _____
STREET CITY, STATE ZIP

Work Phone _____ Cell Phone _____ Yrs in Business _____

E-Mail _____ Fed ID # _____ Based at Residence
 Office/Shop

This business is a Corporation Partnership Sole Proprietorship Haul for/Leased to _____

Agent Contact _____ E-Mail _____

Address _____ Phone _____
STREET CITY, STATE ZIP

Accounts Payable Contact _____ Phone _____

PRINCIPAL'S INFORMATION

Full Name _____ SSN _____

Address _____ Phone _____
STREET CITY, STATE ZIP

Cell Phone _____ E-Mail _____

Spouse's Name _____ SSN _____

Employer _____ Cell Phone _____

E-Mail _____

BILLING INFORMATION

TAXABLE? Yes No If No, list ICC or Resale # _____ (must attach exemption certificate)

REQUIRE PO? Yes No Method(s) of Obtaining PO Phone E-Mail Pinnacle Other

PAYMENT REFERENCE By Invoice (due 30 dates from invoice date) By Statement (due 10th of each month)

DO YOU WANT TO RECEIVE E-MAIL INVOICES? Yes, send to _____

DO YOU WANT MONTHLY E-MAIL STATEMENTS? Yes, send to _____

FINANCIAL INFORMATION

TYPE OF ACCOUNT Checking Savings

Bank Name _____ Phone _____

Address _____
STREET CITY, STATE ZIP

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 recent Federal Income Tax Return. All financial information will be stored and treated as strictly confidential by Truck Centers' staff.

CREDIT REFERENCES (need 4 with complete information)

NAME	PHONE# ()	ACCOUNT #	BALANCE (add note if necessary)
ADDRESS			
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YRS KNOWN	

NAME	PHONE# ()	ACCOUNT #	BALANCE (add note if necessary)
ADDRESS			
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YRS KNOWN	

NAME	PHONE# ()	ACCOUNT #	BALANCE (add note if necessary)
ADDRESS			
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YRS KNOWN	

NAME	PHONE# ()	ACCOUNT #	BALANCE (add note if necessary)
ADDRESS			
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	YRS KNOWN	

TERMS / SIGNATURES

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 set by 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 plus court costs. 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. I/We have read and agree to the aforementioned terms and payment conditions.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

CREDIT APPLICATION



Truck Centers, Inc.
Corporate – Credit Manager
2280 Formosa Road
Troy, IL 62294
(618) 667-3454
aneal@truckcentersinc.com

DATE: _____

TO: Truck Centers, Inc.

The undersigned hereby consent(s) to Truck Centers, Inc. use of non-business consumer credit reporting on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), and/or guarantor(s) in connection 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 on occasion 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 and willingly 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

SIGNATURE AS INDIVIDUAL

PRINTED NAME

PRINTED NAME