



CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME _____ TAX _____
Business Form: () Incorporated () LLC () Proprietorship () Partnership () Other
BILLING ADDRESS _____ CONTACT _____
CITY _____ STATE _____ ZIP _____ YEARS IN BUSINESS _____
PHONE _____ FAX _____ CELL _____
EMAIL _____ BANK _____ ACCT# _____ PHONE _____

OWNER INFORMATION: Required Information.

OWNER'S FULL NAME _____ SOCIAL SECURITY _____
OWNER'S ADDRESS _____ CITY _____ ST _____ ZIP _____
PARTNER'S FULL NAME _____ SS# _____
PARTNER'S ADDRESS _____ CITY _____ ST _____ ZIP _____
PURCHASE ORDER REQUIRED:() YES () NO TAX EXEMPT:() YES () NO *(If yes, Please attach a copy)*
CREDIT LINE AMOUNT REQUESTED \$ _____

TRADE REFERENCES

- 1. _____ PHONE _____ FAX (Required) _____
NAME & ADDRESS
- 2. _____ PHONE _____ FAX (Required) _____
NAME & ADDRESS
- 3. _____ PHONE _____ FAX (Required) _____
NAME & ADDRESS

I acknowledge that the terms offered by McDevitt Trucks, Inc. are Net 30 days from the date of Invoice. I agree to pay interest at the rate of 1 1/2% per month (18% per annum) for all invoices past due and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1 1/2% per month on all past due amounts. The below signatures also grants McDevitt Trucks, Inc. the right to check any factors pertinent to a fair evaluation of establishing credit. All credit shall be extended at the sole discretion of McDevitt Trucks. McDevitt Trucks may increase, decrease or terminate available credit at any time at its sole discretion.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____
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