

Truck Refrigeration Repair, Inc.
1160 Lance Road
Norfolk, Virginia 23502
PHONE# (757) 461-1551 FAX# (757)461-0460

APPLICATION FOR CREDIT

COMPANY OR INDIVIDUAL NAME _____

Mailing Address _____

If PO Box, please list physical address: _____

Shipping Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Business Information

Type of Business:

_____ Corporation _____ Partnership _____ Sole Proprietorship

Years in Business _____ Date Incorporated _____ State of Incorporation _____

Federal ID # _____ If Sole Proprietorship SS # _____

Nature of Business _____

Services to be used: _____ Thermo King Parts & Repairs

_____ Trailer Parts & Repairs

_____ Trailer Rentals

Principals

NAME: _____

ADDRESS: _____

TITLE: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

TITLE: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

TITLE: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

TITLE: _____

PHONE #: _____

Taxable: _____YES _____NO

If Non Taxable, please provide Resale # and fax copy of Sales Tax Exemption Certificate.

Resale # _____

LINE OF CREDIT REQUESTED _____

Terms: Payments must be received within 10 days from invoice date unless otherwise stated. 1½ % service charge on balance after 30 days (APR 18 %). In the event the debt is placed in the hands of an attorney for collection, the purchaser shall pay all costs and expenses, plus reasonable attorney's fees.

Signature _____ Title _____ Date _____

Inconsideration of credit being extended to the above named applicant(s), the undersigned "guarantors" agree and promise to pay demand , any and all present and future indebtedness. The obligations of the guarantors hereunder are jointly and severally liable for the debts arising out of this guarantee. Guarantors agree that a separate action may be brought against any one or more of the guarantors whether or not action, by suit, or otherwise, is brought against any other guarantor or against the applicant.

Signature/ Individual _____ Social Security # _____ Date _____

Verification and Salesperson information -Please do not write below this space.

Expected Credit Requirements \$ _____ Salesperson _____

References checked by _____ Credit approved by _____

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TRADE REFERENCES
Please list five current trade references

Name _____ Address _____
City _____ State _____ Phone # _____ Fax # _____

Name _____ Address _____
City _____ State _____ Phone # _____ Fax # _____

Name _____ Address _____
City _____ State _____ Phone # _____ Fax # _____

Name _____ Address _____
City _____ State _____ Phone # _____ Fax # _____

Name _____ Address _____
City _____ State _____ Phone # _____ Fax # _____

Truck Refrigeration Repair, Inc.

BANK CREDIT REFERENCE FORM

DATE: _____

Primary Bank _____
Bank Address _____

Checking Acct# _____
Phone # _____
Fax # _____
Contact _____

DEAR BANK OFFICER:

WE ARE AUTHORIZING THE BANK TO RELEASE INFORMATION ABOUT OUR CHECKING ACCOUNTS, ANY OUTSTANDING CREDIT LINE, AND PAYMENT HISTORY, TO TRUCK REFRIGERATION REPAIR TO BE USED EXPLICITLY FOR THE ESTABLISHMENT OF AN OPEN ACCOUNT AND CREDIT LINE. THIS INFORMATION IS TO BE KEPT IN THE STRICTEST OF CONFIDENCE.

SIGNED _____
PRINT NAME _____
TITLE _____
COMPANY _____

GENTLEMEN:

THE ABOVE CUSTOMER IS APPLYING FOR A CREDIT LINE WITH US AND HAS GIVEN YOUR BANK AS REFERENCE. PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION AND SEND THIS FORM BACK TO US AT FAX NO. (757) 461-0460 ATTENTION VICKI.

FOR ANY QUESTIONS, PLEASE CALL US AT TEL. NO. (757) 461-1551.

<u>CHECKING ACCOUNT</u>	<u>LINE OF CREDIT</u>
DATE ACCOUNT OPENED: _____	CREDIT LIMIT: _____
ANY NSF CHECKS: _____	AMOUNT NOW OWING: _____
AVERAGE MONTHLY BALANCE: _____	PAYMENT HABITS: _____

OVERALL CREDIT RATING:

COMMENTS:

WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Your immediate reply will be very much appreciated.

Sincerely,
Accounting Department

CREDIT CARD CHARGE APPLICATION

I hereby authorize **Truck Refrigeration Repair** to charge my credit card (referenced below) in the event that my account goes past 30 days.

Type of Card:

_____ Visa

_____ MasterCard

_____ American Express

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Security Code: _____

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

COMPANY NAME: _____