



## Truck Refrigeration Repair, Inc.

1160 Lance Road, Norfolk, VA. 23502

Business: 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: \_\_\_\_\_

Email: \_\_\_\_\_

### Business Information

Type of Business (Mark One):

\_\_\_\_\_ 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 & Service

(Mark all that apply) \_\_\_\_\_ Trailer Parts & Service

\_\_\_\_\_ Trailer Rentals

Email for delivery of Statement: \_\_\_\_\_

### Principals

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

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

# **Truck Refrigeration Repair, Inc.**

Taxable: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Non-Taxable, must provide Resale # and a copy of the Sales Tax Exemption Certificate.

Resale #: \_\_\_\_\_

LINE OF CREDIT REQUESTED: \_\_\_\_\_

Terms: Payments must be received within 10 days from invoice date unless otherwise stated. 1 ½ 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 (Must be signed by a principal): \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Inconsideration of credit being extended to the above-named applicant(s), the undersigned "guarantors" agree and promise to pay demand, all present and any 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 action, by suit, or otherwise, is brought against any other guarantor or against the applicant.

Signature/Individual: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

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

Expected Credit Requirements \$ \_\_\_\_\_ Salesperson: \_\_\_\_\_

References Checked by: \_\_\_\_\_ Credit approved by: \_\_\_\_\_

Credit limit: \_\_\_\_\_ Date Approved: \_\_\_\_\_

# Truck Refrigeration Repair, Inc.

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## Bank Credit Reference Form

Date \_\_\_\_\_

Primary Bank \_\_\_\_\_ Phone # \_\_\_\_\_  
Bank Address \_\_\_\_\_ Fax # \_\_\_\_\_  
\_\_\_\_\_ Contact Name \_\_\_\_\_  
Checking Acct # \_\_\_\_\_ Contact Email \_\_\_\_\_

Dear Bank Officer,

I am authorizing the bank to release information about my checking accounts, any outstanding credit lines, and payment history to Truck Refrigeration Repair, Inc. to be used explicitly for the establishment of an open account and credit line with their company. This information is to be used in the strictest of confidence.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Company \_\_\_\_\_ Phone # \_\_\_\_\_

Dear Bank Officer,

The above customer is applying for a line of credit with Truc Refrigeration Repair, Inc. and has given your bank as a reference. Please provide us with the following information and return this form to the rental department at fax # 757-461-0460 or [rentals@truckrefrepair.com](mailto:rentals@truckrefrepair.com).

For any questions, please call 757-461-1551

<u>Checking Account</u>	<u>Line of Credit</u>
Date Account Opened _____	Credit Limit _____
Any NSF Checks _____	Amount Currently Owed _____
Average Monthly Balance _____	Payment Habits _____

Overall Credit Rating: \_\_\_\_\_

Comments: \_\_\_\_\_

We assure that this information will be kept in the strictest of confidence

Your Immediate reply is much appreciated.

Sincerely,

Rental Department

# **Truck Refrigeration Repair, Inc.**

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## **Credit References**

**Please list five current credit references**

**\*\*Must provide email address\*\***

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

# **Truck Refrigeration Repair, Inc.**

## **Credit Card Charge Form**

I hereby authorize **Truck Refrigeration Repair, Inc.** to charge my credit card (referenced below) if my account goes past 30 days.

**\*\* American Express not accepted\*\***

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

# **Truck Refrigeration Repair, Inc.**

## **Authorization to Release Information**

To Whom It May Concern:

This is a signed authorization for Disclosure of Credit Information to Truck Refrigeration Repair, Inc. Please provide the requested information regarding my account with your company so that they may process my credit application>

Thank you,

Applicant Company Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_