



P.O. Box 3265 - Des Moines, IA 50316
Phone 515-266-5189 • Watts 800-373-2887 • FAX 515-266-7878

APPLICATION OF CREDIT

Date _____

Company Name _____

Mailing Address _____ Ship-to Address _____

City, State Zipcode _____ City, State Zipcode _____

A/P Contact _____ E-Mail Address _____

Phone _____ Fax _____

Fed. I.D. Number _____ Sales Tax ID _____

Type of Business _____ Corporation Partnership Sole Owner

Date Business Started _____ DUNS Number _____

Bank Reference _____

Credit Limit Requested, Per Month _____ Purchase Order Required: Yes No

Pay by: Statement Invoice Taxable: Yes No

Business References

NOTE: If No Include Sales Tax Exemption Certificate

Give Name, City, State, Phone and Fax Number, of three concerns from whom purchases have been made on OPEN ACCOUNT this past year.

1. _____
2. _____
3. _____

In consideration of being allowed the privilege of an OPEN ACCOUNT with Truck Equipment, Inc., the undersigned agrees to abide by the terms of the credit policy: terms on all products are Net 30, unless specified otherwise, from the date of delivery. Any balance which remains due and unpaid thirty (30) days after billing date is subject to a finance charge. This finance charge will be computed by a single monthly rate of 1 1/2% (or a minimum finance charge of \$.50) applied to such balance, but will not exceed any lesser rate specified by state law. The 1 1/2% charge would result in an annual percentage rate of 18%.

Truck Equipment Inc.

Approved by _____

Date _____

Account Number _____

Customer

Signature _____
Owner or Officer

Name _____

Title _____

