



# TRUCK SERVICE, INC. (TSI)

3140 West Morris Street. Indianapolis, IN 46241. Ph. (317) 248-5606. Fax (317) 248-5572  
www.calltruckservice.com

\_\_\_ INDIANAPOLIS SPRING, \_\_\_ NOBLESVILLE, \_\_\_ HORTON TRUCK SERVICE, \_\_\_ TSI WARNER SPRING  
\_\_\_ E.A.B. TRUCK SERVICE, \_\_\_ CLEVELAND SPRING, BRAKE & ALIGNMENT, \_\_\_ COLUMBUS (IN), \_\_\_ BLACK'S SPRING

**CONFIDENTIAL CREDIT APPLICATION**  
**PLEASE COMPLETE IN ITS ENTIRETY AND SIGN**

DATE: \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_ OFFICE NO. \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ SHOP NO. \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ FAX NO. \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

**LEGAL STRUCTURE:**

\_\_\_ CORPORATION                      \_\_\_ PARTNERSHIP                      \_\_\_ PROPRIETORSHIP  
\_\_\_ LIMITED LIABILITY CO            \_\_\_ GOVERNMENT                      \_\_\_ OTHER

If a corporation, please list the three major stockholders and officers of the corporation. If a partnership or proprietorship, please list the name, address and Social Security Number of all owners.

Name/Title/Address	SS Number
_____	_____
_____	_____
_____	_____

ARE YOUR PURCHASES TAX EXEMPT? ( ) NO ( ) YES **IF EXEMPT, PLEASE ATTACH COMPLETED STATE EXEMPTION CERTIFICATE**

FEDERAL I.D. NUMBER \_\_\_\_\_ IN BUSINESS SINCE: \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ SHOP CONTACT: \_\_\_\_\_

A/P CONTACT EMAIL \_\_\_\_\_ SHOP CONTACT EMAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

PURCHASE ORDER REQUIRED? ( ) YES ( ) NO CREDIT LIMIT REQUESTED \_\_\_\_\_

PERSON WHO CAN AUTHORIZE PURCHASES \_\_\_\_\_

EMAIL INVOICE TO \_\_\_\_\_ EMAIL MONTH END STATEMENT TO \_\_\_\_\_

**BANK REFERENCE:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO \_\_\_\_\_ CONTACT \_\_\_\_\_

**TRADE REFERENCES:**

1. NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CREDIT TERMS AND AGREEMENT**

Our terms are NET 10<sup>TH</sup> PROX. On the last business day of each month a statement will be prepared and mailed to you listing all unpaid invoices as of the close of business for that month. THE ENTIRE BALANCE SHOWN ON THE STATEMENT IS DUE BY THE 10<sup>TH</sup> OF THE MONTH FOLLOWING THE STATEMENT DATE. Any part of a statement balance not paid by the end of the month following the statement date will be considered PAST DUE. The applicant agrees to pay interest at the rate of one and one-half percent (1.5%) per month on all past due charges, together with court costs, all costs of collection and reasonable attorney fees TSI incurred in enforcing its rights hereunder. Any dispute regarding any invoice must be directed to TSI in writing at the address shown above not later than 5 days prior to the due date of any disputed invoice.

The applicant agrees that the laws of the State of Indiana will govern this and any contemporaneous or subsequent transactions between the parties, and jurisdiction and preferred venue shall be in Marion County, Indianapolis, Indiana. The applicant hereby waives any defense based upon jurisdiction as to any actions initiated in the jurisdictions or venues as described herein, and hereby waives trial by jury.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at any time, and should your unpaid balance exceed this limit, you will be required to make a payment on your account prior to the due date or accept purchases on a "CASH ON DELIVERY" basis until such time as your balance is reduced to within your credit limit. TSI reserves the right to discontinue charge orders should your account become past due; if there is an ownership or name change; in the event of bankruptcy; or at any time TSI, for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete investigation by TSI and understands that TSI will not process a charge order until a signed and completed credit application has been submitted and approved. This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between TSI and the applicant.

**I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE TO BE BOUND BY THEM IN ALL RESPECTS.**

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

(OWNER OR OFFICER)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

In consideration of the extension of credit privileges, I (we) hereby grant to TSI a continuing guaranty of payment of this account and agree to personally guarantee payment of all indebtedness, including interest, collection costs, and expenses as stated above.

I give my consent for Truck Service, Inc. to access my personal and business credit history now and throughout the term of my open account with Truck Service, Inc.

Individually: \_\_\_\_\_

Signature

\_\_\_\_\_  
Type or Print Name