

SERVICE TIRE TRUCK CENTERS, INC

Application For Credit

Company Information						
Company Name		Name of Owner or Officer of Corporation				
Street Address	City	State	Zip			
Mailing Address (if different than above)	Phone	Company URL				
Type of Business:						
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship				
FED EIN#	SS#	SS#				
Year business started?	*Credit Line amount requested					
Contact Person	Phone	Fax	Email			
A/P Manager	Phone	Fax	Email			
Total Vehicles	Tractors	Trailers	Straight Trucks	Other		
Billing Information						
Is a Purchase Order required?		Are you exempt from State Sales Tax:				
<input type="checkbox"/> YES	or	<input type="checkbox"/> NO	<input type="checkbox"/> YES	or	<input type="checkbox"/> NO	If YES, form MUST BE attached by state(s)
STTC distributes monthly statement via fax or email. Please select the method you would like to receive by completing one of the following:						
Fax # and persons name receiving		Email				
STTC distributes invoices within 1 week of most transactions. Please select the method you would like to receive them by completing one of the following:						
Fax # and persons name receiving		Email				
Do you have a National Account?		If YES, please list national account type(s):				
<input type="checkbox"/> YES	or	<input type="checkbox"/> NO				
Bank References						
Bank Name		Account Number				
Contact	Phone					
Trade References						
Name	Address	City	State	Zip		
Account Number	Phone	Fax	Type of Business			
Name	Address	City	State	Zip		
Account Number	Phone	Fax	Type of Business			
Name	Address	City	State	Zip		
Account Number	Phone	Fax	Type of Business			
I hereby authorize Service Tire Truck Center, Inc. or any Credit Bureau employed by Service Tire Truck Centers to investigate the references listed. If I do not pay the sum due within the agreed upon terms, I agree to pay in addition to sums, a finance charge of 1 1/2 % per month on the net overdue amounts, and all costs of collection, including but not limited to collection agency fees and attorney fees.						
Signature of Authorized Representative of Company		Print Name				
Print Title	Date	Closest STTC Location				

Office Use Only: MRT On Factor: _____
Service Schedule: _____ Sales Rep: _____