



CREDIT APPLICATION
FAX TO: (716) 675-5710

DATE _____

NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL PHONE _____ FAX _____

EMAIL ADDRESS _____ WEBSITE _____

DATE ESTABLISHED _____ TYPE OF BUSINESS _____

NAME OF PRINCIPLES _____

ACCOUNTS PAYABLE CONTACT _____

DO YOU REQUIRE PURCHASE ORDERS? [] YES [] NO

IF YOU ARE TAX EXEMPT PLEASE ENCLOSE THE PROPER EXEMPTION FORM.

CREDIT REFERENCES:

PLEASE LIMIT TO OTHER REPAIR FACILITIES OR RELATED BUSINESSES.

NAME _____ PHONE _____

FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I/WE REQUEST CREDIT AT FLEET MAINTENANCE, INC. AND AGREE TO PAYMENT TERMS OF NET 30 DAYS. IN THE EVENT THE ACCOUNT IS PAST DUE FOR A PERIOD OF 30 DAYS, I/WE AGREE TO PAY A SERVICE CHARGE OF 11/2% MONTHLY (18% PER ANNUM) ON ALL BALANCES OVER 30 DAYS. IN THE EVENT IT BECOMES NECESSARY TO PLACE THIS ACCOUNT IN THE HANDS OF AN ATTORNEY FOR COLLECTION, I/WE AGREE TO BE LIABLE FOR SAID COSTS, INCLUDING 30% OF OUTSTANDING BALANCE AS ATTORNEY FEES AND ALL COURT COSTS AND DISBURSEMENTS.

SIGNATURE _____ TITLE _____