



| |
|------------------------|
| OFFICE USE ONLY |
| Account No: |
| Date: |
| Initials: |

5278 Hwy 78 Memphis, Tn. 38118
 Phone: (901) 366-6611 Fax (901) 366-6856
 800-748-9632

PLEASE PRINT

CUSTOMER CREDIT APPLICATION

| | | | | | |
|---|---------------------|--|--|---|--|
| Business Legal Name | | Trade Name or DBA Name | | Phone No. | Fax No. |
| E-Mail: | | | | | |
| Billing Address | | City | State | Zip | |
| Physical Address | | City | State | Zip | |
| Federal ID # | Date Started | Check One: <input type="checkbox"/> Other (Identify) _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | | Place of Business <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Previous Business and Address | | | | | |
| Owner/Officer Name | Title | Home Address | | | Phone No. |
| Owner/Officer Name | Title | Home Address | | | Phone No. |
| Owner/Officer Name | Title | Home Address | | | Phone No. |
| Accounts Payable Contact | | Phone No. | Fax No. | P.O. Required <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Credit Line Requested |
| | | | ICC # | Sales Tax Exempt # | |
| Trade Reference (Within Industry) | | City | State | Zip | Phone No. |
| Trade Reference | | City | State | Zip | Phone No. |
| Trade Reference | | City | State | Zip | Phone No. |
| Bank Reference | City | State | Zip | Bank Officer | Phone No. |
| Checking Account No. | Savings Account No. | | Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <p>If granted credit, we agree to pay all bills on the 10th of the month following purchase. All accounts are subject to a 1 1/2% service charge if account is not paid in thirty (30) days. We will impose a \$40.00 fee on all returned checks. in the event it is necessary to place this account with our attorneys or agents for collection, we agree to pay all costs incurred, including but not limited to reasonable attorney fees and court cost. I hereby authorize the referenced banking institutions and businesses to release any information to establish a line of credit with Crows Truck Service.</p> | | | | | |
| Signature: | | Date: | | OFFICE USE ONLY | |
| | | | | Approved Credit Amount: | |
| Printed Name: | | Approval: | | Date: | |
| Title: | | Secondary Approval: | | Date: | |