



Billing Address:				Office Address:			
Company Name				Company Name			
Attention				Attention			
Street Address				Street Address			
City, State, Zip				City, State, Zip			
Telephone		Email		Telephone		Email	
General Information							
Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Sub-Chapter S-Corp <input type="checkbox"/>				Fed Tax ID#/SSN		Corporation State Of	
Dun & Bradstreet No.		At present location since date		Are Premises Leased <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of credit desired	
Principal/ Owner		Title		Email		Phone#	
Ordering Information							
Are Purchase Orders Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Who can issue Purchase Orders?		Are you tax exempt by renting the units that're repaired? If yes, supply resale certificate <input type="checkbox"/> No			
Do you have a Fleet Management Service(ARI, Donlen) <input type="checkbox"/> No <input type="checkbox"/> Yes		Fleet Management Services:		Method of issuing PO <input type="checkbox"/> Email <input type="checkbox"/> Verbal <input type="checkbox"/> Paper			
Point Of Contact for repairs			Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone		Phone:		
			Email:				
Account Paybles Name:			Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phon		Phone:		
			Email:				
Bank Information							
Bank Name		Branch Name		Bank Contact Officer		Phone # & Extension	
Bank Address		City	State	Zip	Type of Account		
Buisness/ Credit References							
Business Name		Account Number		Type of Account		Phone # & Extension	
Address		City	State	Zip	Fax #		
Business Name		Account Number		Type of Account		Phone # & Extension	
Address		City	State	Zip	Fax #		
Business Name		Account Number		Type of Account		Phone # & Extension	
Address		City	State	Zip	Fax #		

## Acceptance and Approval

We\I agree to notify you immediately of any changes in ownership. If granted credit, I agree to pay all invoices according to your terms. My\our financial condition is satisfactory and We\I can meet all present obligations. I agree to pay my account in full by **30 Days from date of invoice**, and understand that a small charge will be made if any account is not paid within 30 days following billing.

Examination of Invoice: Customer agrees to examine all invoices and statements promptly upon receipt and to notify Commercial Vehicle Repair Specialists immediately of any discrepancies and further agrees that such invoice or statement shall be presumed correct unless point of contact notifies Commercial Vehicle Repair Specialists within (7) seven days of invoice.

We accept ACH Deposit, Visa, MasterCard, Discover Card, Checks and American Express. \*Please note, if using a credit card to pay invoices, there will be an additional 3.5% charge as a convenience fee added to your total.

Signing this agreement indicates our/my acceptance of the terms and conditions as stated herein. In addition, we/I authorize *Commercial Vehicle Repair Specialists* to make any and all inquiries necessary to process this Credit Application including running a credit check.

Name of Authorized Representative	Title	Phone #
Agreed and Accepted, Signed		Date