

# CREDIT APPLICATION

FAX TO: (630) 833.3534

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



Legal Name of Applicant					<input type="radio"/> Incorporated <input type="radio"/> Proprietorship <input type="radio"/> Partnership					
Trade Name / DBA				Federal Tax ID			Resale Certificate # or ICC#			
Billing Address							Years in Business			
Names of Principals and Titles										
Shipping Address						Phone				
City, State, Zip						Fax				
E-mail			# of Trucks Operating		Own		Lease			
P.O. Number Required?		Type of Business		# of Employees		Est. Annual Sales		Any Bankruptcies?		
<input type="radio"/> Yes <input type="radio"/> No								<input type="radio"/> Yes <input type="radio"/> No		

**AUTHORIZATION—MUST BE COMPLETED**

We authorize TransChicago Truck Group to contact references listed below, as well as obtain commercially generated credit reports. We also authorize them to contact references and obtain additional credit reports at any time throughout our relationship. We understand that information obtained by this investigation will be for the consideration of extension of credit to us. The buyer agrees this application is made with the understanding and agreement that all charges for parts and service work will be due and payable within 10 days after the end of the month during which purchases were made and that a monthly service charge of 1.75% will be paid on account balances which are past due. These terms (net 10th prox) may not be modified or amended by the buyer unless the seller agrees to them in writing. TransChicago Truck Group reserves the right, at its own discretion, to grant credit, deny credit, decrease or increase credit limits.

Authorized Signature				Title		Date	
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**BANK REFERENCE**

Bank Name		Account Number		Phone		Contact Name	
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**MAJOR TRADE REFERENCES**

Name of Company		City, State, Zip			Phone	

**PLEASE ALLOW 3 TO 5 BUSINESS DAYS TO PROCESS APPLICATION**