



# CREDIT SALES APPLICATION

## Company Information

Company Name \_\_\_\_\_ FP Sales Rep \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Date Started \_\_\_\_\_ Yrs at Location \_\_\_\_\_  S-Corp  C-Corp  LLC  Partnership  Sole-Proprietor

## OWNERS, PRINCIPALS, AND OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## TRADE REFERENCES

Company Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

## BANK REFERENCES

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_  Savings  Checking  Loan

## PERSONAL GUARANTEE

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

_____	_____	_____	_____
Name	Date	Name	Date

The Following information will be helpful in serving you better:

Have you previously had an account (under your present

Company name or any other name) with Fleet Pros? Yes ( ) No ( )

Are you tax- exempt? Yes ( ) No ( )

*If yes, please attach a sales tax exemption certificate.*

Do you require monthly statements? Yes ( ) No ( )

Do you require purchase orders? Yes ( ) No ( )

Number of employee's \_\_\_\_\_

Expected Monthly Purchases \_\_\_\_\_

Accounts Payable Contract \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Credit Agreement : Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with acknowledged terms of net 30 days from date of the invoice. Customer agrees to pay any costs incurred in enforcing Fleet Pros terms, or in collecting amounts due, including, but not limited to, collection agency fees or commissions, cost of suit and reasonable attorney's fees. Amounts collected shall be applied first to costs of collection or enforcement, as described herein and then to the purchase price.

Authorization: I hereby authorize the above named firms and banking institutions to furnish information requested by Fleet Pros to process this application and I agree that the said persons shall not be liable for any claim of damages as a result of furnishing the request for information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_