

# SERVICE TIRE TRUCK CENTERS, INC

## Application For Credit

Company Name					<b>Office Use Only</b>	
Name of Owner or Officer of Corporation					Date _____	
Street Address					Branch _____	
Mailing Address					Salesman # _____	
City	State	Zip	Contact Person			Account # _____
Phone		A/P Mgr. Name				MRT Factor _____
Fax		E-mail Address of Purchaser				Service Pricing _____
Type of Business					Credit Limit (Circle One)	
Corporation <input type="checkbox"/> FED EIN #					\$1,000	
Partnership <input type="checkbox"/> SS #					\$2,500	
Proprietorship <input type="checkbox"/> SS #					\$5,000	
Year Business Started?			Credit Line Requested    \$			\$10,000
Total Vehicles	Tractors	Trailers	Straight Trucks	Other: _____		
Are You Exempt From PA, NJ, MD, NY or VA Sales Tax?      YES      or      NO					Credit Score _____	
If YES, form MUST BE attached.						
Bank References						
Bank Name			Contact			
Account #			Telephone #			
Local Trade References (Include Name, Address, Phone Number, Fax Number)						
1.      Name _____						
Address _____						
Phone Number _____			Account Number _____			
Fax Number _____			Type of Business _____			
2.      Name _____						
Address _____						
Phone Number _____			Account Number _____			
Fax Number _____			Type of Business _____			
3.      Name _____						
Address _____						
Phone Number _____			Account Number _____			
Fax Number _____			Type of Business _____			
I hereby authorize Service Tire Truck Center, Inc. or any Credit Bureau employed by Service Tire Truck Centers to investigate the references herein listed. If I do not pay the sums due within the agreed upon terms, I agree to pay in addition to sums, a finance charge of 1½% per month on the net overdue amounts, plus 40% of the principal balance for the purpose of legal and collection fees if necessary.						
Signature of Authorized Representative of Company					Br. Mgr. _____	
Print Name					Credit Mgr. _____	
Print Title			Date		Approve ____      Reject ____	
					Date _____	

Fill in outlined area. Fax to one of our branch locations.

## Billing Requirements

Is a purchase order required?	YES or NO
Are you exempt from Federal Excise Tax? If YES, the 637 Form MUST BE attached.	YES or NO
STTC distributes monthly statements via <u>fax or e-mail</u> . Please enter fax number or e-mail address to which statements should be sent: Fax: _____ E-Mail: _____	
Are you National Account? If YES, please enter your account number below.	YES or NO
Michelin Account Number	
Goodyear Account Number	
Yokohama Account Number	

List any special billing requirements:

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Office Use Only (check appropriate box)					
Bus Contractor	<input type="checkbox"/>	Wholesale-Dealer	<input type="checkbox"/>	Over the Road	<input type="checkbox"/>
Government	<input type="checkbox"/>	Farm/Specialty	<input type="checkbox"/>	Construction/Refuse	<input type="checkbox"/>

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**MRT BibTread Business Rules Must Be Attached.**

Notes:

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