



## Application for Credit

|   |                    |        |      |
|---|--------------------|--------|------|
| Business Name:  | _____              |        |      |
| Address:  | City:              | State: | Zip: |
| Owner/Manager:  | Phone #:           |        |      |
| Years in Business:  | D & B rating:      |        |      |
| Nature of business: Please Check One : <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability (LLC)          |                    |        |      |
| Federal ID#:  | Social Security #: |        |      |
| Are you sales tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sales Tax License #: _____   |                    |        |      |
| For which State: _____ <b>Please attach copy of license and exemption certificate.</b>  |                    |        |      |
| Purchase order required? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and location of parent Company. _____ |                    |        |      |

## Trade References:

|          |                             |
|----------|-----------------------------|
| 1. Name: | Phone: (____) _____ - _____ |
| Address: | Fax: (____) _____ - _____   |
| _____    |                             |
| 2. Name: | Phone: (____) _____ - _____ |
| Address: | Fax: (____) _____ - _____   |
| _____    |                             |
| 3. Name: | Phone: (____) _____ - _____ |
| Address: | Fax: (____) _____ - _____   |
| _____    |                             |

**Trade Reference: (Unsecured Creditors Only. Finance, Lease, and Fuel Companies are not acceptable.) All Trade Information must be completely filled out to process credit.**

## Bank References:

|                              |   |
|------------------------------|---|
| Name of Bank:                | Phone: (____) _____                                       |
| Address:                     | State: _____ Zip Code: _____                              |
| Bank Officer Name:           | Phone: (required)(____) _____ Fax: (required)(____) _____ |
| Bank Account No. (Required): | Credit Line Requested: \$ _____                           |

Note: Financial Statements are required for considering credits over \$5000.00 if business has an establishing history of 3 years or less.



### Interest:

Please estimate your anticipated monthly volume of business with us, and your product of most interest:

\$ \_\_\_\_\_ Aluminum Pickup Toolboxes. Approximate Annual Quantity \_\_\_\_\_

\$ \_\_\_\_\_ Steel Pickup Toolboxes. Approximate Annual Quantity \_\_\_\_\_

\$ \_\_\_\_\_ Alum. Semi Truck Toolboxes. Approximate Annual Quantity \_\_\_\_\_

\$ \_\_\_\_\_ Steel Semi Truck Toolboxes. Approximate Annual Quantity \_\_\_\_\_

### Company Contact Information:

Accounts Payable Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Purchasing Manager Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

President/C.E.O. Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### Authorization and Terms of Agreement:

**Terms: Charge invoices are due and payable (30) days from invoice date.** Accounts not paid when due may be subject to a service charge on 1 ½% interest on outstanding balance per month (18 % annually) and credit on hold, and future purchases will be C.O.D. I (We) do give full authorization for American Truckboxes, LLC to verify credit references, initially and at such intervals as necessary. I (We) also certify that the above information is correct and that I (We) fully understand the terms as described above and agree to the proper payment in consideration of extended credit or terms. I (We) agree to pay service charges on past due charges and accounts at the rate stated above, plus all costs of collection, including reasonable attorney fees. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

**Please note: incomplete or unsigned applications cannot be processed.**

By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: (\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_)

M      D      Year

### Send Finished Credit Application To:

**American Truckboxes, LLC.**  
 15750 6<sup>th</sup> Street SE  
 Blanchard, ND 58009  
 (Attn: Credit Manager)

Or Fax to: 605-996-8894