



Application For Credit

Company Name: _____ DBA: _____

Street Address: _____ City, State, Zip: _____

Phone #: _____ Fax #: _____

Tax Exempt: Yes () No () If yes, please attach exemption certificate.

Billing Address if Different From Above:

Street Address: _____ City, State, Zip: _____

Phone #: _____ Fax #: _____

Accounts Payable Contact: _____ Phone #: _____

Please Check One:

Corporation () Individual () Partnership () Other () _____

If operating as an individual or Partnership please list names of those individuals or partners at your company. If operating as a Corporation please list names of corporate officers and their titles.

Name & Title _____ Home Address _____ Home Phone _____

Trade References:

Name: _____ Address: _____ Phone #: _____ Fax #: _____

Sellers Terms:

In consideration of Fleet Care, Inc. extending credit, applicant agrees to pay for all material and labor supplied. Applicant also agrees to pay invoices in accordance with terms of sale which are 30 days from invoice date. The undersigned to induce Fleet Care, Inc./Cincinnati Truck Sales ("Creditor") to extend credit, does/do hereby personally and unconditionally guarantee the payment of all sums and obligations of _____ (business name) to Creditor, now existing or hereafter arising, absolute or contingent, and all costs, legal fees and expenses incurred in the collection of the indebtedness and future advances, without the necessity of Creditor first pursuing action against _____ (business name). The undersigned waives any and all defenses, set-offs, and counterclaims, and all requirements for presentation, demand, protests or other notice of dishonor. The undersigned further waives notice of and consents to all change of terms of credit, extensions of time for payment, further extensions of credit, and settlement or compromise of differences. This guarantee shall not be limited to any specific time or period, nor shall it terminate upon death. I hereby certify that the information I have given is true and correct and I agree to pay my account to the terms and conditions referenced above.

Signature _____ Title _____

Signature _____ Title _____

Print Name _____

Print Name _____

Date _____

Date _____