



APPLICATION FOR ACCOUNT

Date: _____

Account Name: _____

Business Address: _____

Principal: _____ Title: _____

Social Security Number _____

Business Phone: _____ Home Phone: _____

Home Address: _____

Email Address: _____

Type of Business: _____

Date Business Commenced: _____ Federal ID Number: _____

Tax Exempt? _____ If Yes: Tax Exempt # _____ (Copy of Certificate Required)

Purchase Orders Required: _____ Yes _____ No

Individual _____ Partnership _____ Corporation _____

Do you presently own a truck? _____ Yes _____ No If yes: Type _____ How many? _____

REFERENCES

Bank Name: _____ Account Number: _____

Address: _____

Telephone #: _____ Contact Name: _____

Trade Reference: _____

Address: _____

Telephone #: _____ Fax: _____ Contact Name: _____

Trade Reference: _____

Address: _____

Telephone #: _____ Fax: _____ Contact Name: _____

Trade Reference: _____

Address: _____

Telephone #: _____ Fax: _____ Contact Name: _____

Credit Requested: \$ _____

Amount Approved: \$ _____

Account Number: _____

Approved By: _____



AGREEMENT

I, the Undersigned, hereby certify that all statements made on this Application are true and correct. I agree to the following terms:

1. Terms are NET 30 days, payment due in full (Statement Total) 30 days after statement date.
2. I agree to pay the service charge for late payment, computed at an annual percentage rate of 1.5 % Per Month.
3. If this account is placed for collection, I agree to pay all collections costs and all attorney's fees.
4. I authorize any credit investigation needed for action on this credit application and hereby indemnify the above company from any liability resulting from their credit survey.

**EXECUTED AS A SEALED INSTRUMENT
SIGNATURES**

SIGNATURE: _____

TITLE: _____

DATE: _____

Email Completed and Signed Form to jteiper@albanytrucksales.com

Or fax to 518-426-4309