



APPLICATION FOR CREDIT

FAX TO: 508.832.0517

Company Information

Company Name _____	
Company Address _____	City/State _____ Zip _____
Business Phone _____	Business Fax _____
E-Mail Address _____	Years in Business _____
Type of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietor

Personal Information on Officers, Partners or Guarantors

Name _____	Title _____	S.S.# _____	% Ownership _____
Home Address _____	City/State _____	Zip _____	
Name _____	Title _____	S.S.# _____	% Ownership _____
Home Address _____	City/State _____	Zip _____	
Name _____	Title _____	S.S.# _____	% Ownership _____
Home Address _____	City/State _____	Zip _____	

Company Bank References

Bank Name _____	Account # _____	Open Date _____
Bank Phone _____	Contact/Officer _____	
Bank Name _____	Account # _____	Open Date _____
Bank Phone _____	Contact/Officer _____	

Trade References

Supplier Name _____	Phone _____	Contact _____
Supplier Name _____	Phone _____	Contact _____

Vendor Equipment Information

Vendor Name _____	Phone _____	Contact _____
Equipment Description _____		
	Cost \$ _____	

Declaration / Authorization

The undersign agrees that the information provided above, together with any financial statements, schedules, or other materials provided to Apple Truck & Trailer is true, correct and complete. The undersign authorizes Apple Truck and Trailer to obtain credit history of the undersigned and the officers and principals of the company and to investigate (directly or indirectly) such credit history from any source.

Signature _____	Title _____
Print Name _____	Date _____

Please Fax Completed Application to 508.832.0517