



Fax completed credit application to 508-584-9744

Business name: _____
Street address: _____
City/State _____ Zip _____
Telephone: _____ Fax: _____
Nature of Business: _____ Yrs in Business: _____

Indicate one: Partnership Sole Owner Corporation

Accounts Payable Contact: _____ Phone: _____

Business References: List only references that you currently have an open line of credit.
PLEASE LIST TELEPHONE AND FAX NUMBERS.
APPLICATION CANNOT BE PROCESSED IF FAX NUMBERS ARE NOT LISTED.

- 1. _____ Phone: _____ Fax: _____
2. _____ Phone: _____ Fax: _____
3. _____ Phone: _____ Fax: _____

Is your company tax exempt? _____ If YES, please attach a copy of your resale certificate.

GENERAL TERMS, CONDITIONS AND PERSONAL GUARANTEE

- 1. Past due accounts are subject to finance charge of 1 1/2%, per month.
2. Should an account be placed in collection, purchaser agrees to pay all reasonable collection costs allowed by law.
3. PERSONAL GUARANTEE: If the purchaser is a corporation, than those signing the application, whether executing this agreement as an officer or not, do hereby personally guarantee payment for any and all obligations as set forth herein.
4. East Coast Truck & Trailer or an authorized representative has my authorization to contact any references given here.

I HAVE READ THE ABOVE AND AGREE TO THE TERMS STATED.

SIGNATURE: _____ DATE: _____
PRINT NAME AND TITLE _____
FED ID# _____ S.S.# _____