



**Fax completed credit application to 508-584-9744**

Business name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ @ \_\_\_\_\_  
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. \_\_\_\_\_  
**Acct #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

2. \_\_\_\_\_  
**Acct #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

3. \_\_\_\_\_  
**Acct #:** \_\_\_\_\_ **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 ½%, 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.#** \_\_\_\_\_