



TRUCK SERVICE, INC. (TSI)

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www.calltruckservice.com

___ INDIANAPOLIS SPRING, ___ NOBLESVILLE, ___ HORTON TRUCK SERVICE, ___ TSI WARNER SPRING
___ E.A.B. TRUCK SERVICE ___ CLEVELAND SPRING, BRAKE & ALIGNMENT ___ COLUMBUS (IN)

**CONFIDENTIAL CREDIT APPLICATION
PLEASE COMPLETE IN ITS ENTIRETY AND SIGN**

CUSTOMER NAME _____ OFFICE NO. () _____ DATE: _____
BILLING ADDRESS _____ SHOP NO. () _____
CITY, STATE, ZIP _____ FAX NO. () _____

SHIPPING ADDRESS: _____

LEGAL STRUCTURE:

___ CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP
___ LIMITED LIABILITY CO ___ GOVERNMENT ___ OTHER

If a corporation, please list the three major stockholders and officers of the corporation. If a partnership or proprietorship, please list the name, address and Social Security Number of all owners.

Name/Title/Address	SS Number
_____	_____
_____	_____
_____	_____

ARE YOUR PURCHASES TAX EXEMPT? () NO () YES **IF EXEMPT, PLEASE COMPLETE THE EXEMPTION CERTIFICATE ON BACK**

FEDERAL I.D. NUMBER _____ IN BUSINESS SINCE: _____

A/P CONTACT: _____ SHOP CONTACT: _____

TYPE OF BUSINESS _____

PURCHASE ORDER REQUIRED? () YES () NO CREDIT LIMIT REQUESTED _____

PERSON WHO CAN AUTHORIZE PURCHASES _____

BANK REFERENCE:

NAME _____

ADDRESS _____

PHONE NO () _____ CONTACT _____

TRADE REFERENCES:

1. NAME _____ PHONE NO () _____

ADDRESS _____

2. NAME _____ PHONE NO () _____

ADDRESS _____

3. NAME _____ PHONE NO () _____

ADDRESS _____

TERMS AND AGREEMENT ON REVERSE SIDE

CREDIT TERMS AND AGREEMENT

Our terms are NET 10TH PROX. On the last business day of each month a statement will be prepared and mailed to you listing all unpaid invoices as of the close of business for that month. THE ENTIRE BALANCE SHOWN ON THE STATEMENT IS DUE BY THE 10TH OF THE MONTH FOLLOWING THE STATEMENT DATE. Any part of a statement balance not paid by the end of the month following the statement date will be considered PAST DUE. The applicant agrees to pay interest at the rate of one and one-half percent (1.5%) per month on all past due charges, together with court costs, all costs of collection and reasonable attorney fees TSI incurred in enforcing its rights hereunder. Any dispute regarding any invoice must be directed to TSI in writing at the address shown above not later than 5 days prior to the due date of any disputed invoice.

The applicant agrees that the laws of the State of Indiana will govern this and any contemporaneous or subsequent transactions between the parties, and jurisdiction and preferred venue shall be in Marion County, Indianapolis, Indiana. The applicant hereby waives any defense based upon jurisdiction as to any actions initiated in the jurisdictions or venues as described herein, and hereby waives trial by jury.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at any time, and should your unpaid balance exceed this limit, you will be required to make a payment on your account prior to the due date or accept purchases on a "CASH ON DELIVERY" basis until such time as your balance is reduced to within your credit limit. TSI reserves the right to discontinue charge orders should your account become past due; if there is an ownership or name change; in the event of bankruptcy; or at any time TSI, for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete investigation by TSI and understands that TSI will not process a charge order until a signed and completed credit application has been submitted and approved. This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between TSI and the applicant.

I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE TO BE BOUND BY THEM IN ALL RESPECTS.

This _____ day of _____, _____.

SIGNATURE _____

(OWNER OR OFFICER)

NAME _____ TITLE _____

In consideration of the extension of credit privileges, I (we) hereby grant to TSI a continuing guaranty of payment of this account and agree to personally guarantee payment of all indebtedness, including interest, collection costs, and expenses as stated above.

Individually: _____

Signature

Type or Print Name

BLANKET CERTIFICATE OF RESALE

The undersigned hereby claims exemption to purchases and certifies that this claim is based upon the following purpose:

- Resale as tangible personal property
- To be incorporated as a material or part of other tangible personal property to be produced for sale.
- Sales to governmental units.
- Other (Explain) _____

This certificate shall continue until revoked and shall be considered a part of each order given to TSI unless the order specifies otherwise.

TAX EXEMPT NO. _____ SIGNATURE _____

FLORIDA – PLEASE ATTACH CURRENT RESALE CERTIFICATE