



FLEET TITANS, LLC

CREDIT APPLICATION

FOR FLEET TITANS USE ONLY:

Account #: _____

Sale Amount \$: _____

(302) 271-7869 | phone

sales@fleettitans.com | email

PO Box 6, Millsboro, DE 19946

COSTS

PARTS & SERVICE: _____

COMPANY INFORMATION

CORPORATION: PARTNERSHIP: SOLE PROPRIETORSHIP: LLC:

COMPANY NAME: _____ CONTACT NAME: _____

COMPANY ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

FEDERAL TAX ID#: _____ DUNS#: _____ CONTRACTOR LIC#: _____

COMPANY START DATE: _____ STATE INCORPORATED: _____ ANNUAL SALES: _____

A PARTNER/SOLE PROPRIETOR MUST PROVIDE A SOCIAL SECURITY NUMBER TO ATTAIN AN APPROVAL FOR CREDIT TERMS

OFFICER / PARTNER / OWNER: _____ TITLE: _____ SOCIAL SEC. #: _____

OFFICER / PARTNER / OWNER: _____ TITLE: _____ SOCIAL SEC. #: _____

OFFICER / PARTNER / OWNER: _____ TITLE: _____ SOCIAL SEC. #: _____

1. PURCHASE ORDER REQUIRED? YES / NO

3. JOB NAME REQUIRED? YES / NO

5. JOB NUMBER REQUIRED? YES / NO

2. TRACT NUMBER REQUIRED? YES / NO

4. LIEN RELEASE REQUIRED? YES / NO

6. OTHER? _____

FINANCIAL REFERENCES

BANK: _____ ADDRESS: _____

CHECKING ACCOUNT #: _____ SAVINGS ACCOUNT #: _____

PHONE: _____ FAX: _____ CONTACT: _____

LOAN INFORMATION/CREDIT LINE: _____

BANK: _____ ADDRESS: _____

CHECKING ACCOUNT #: _____ SAVINGS ACCOUNT #: _____

PHONE: _____ FAX: _____ CONTACT: _____

LOAN INFORMATION/CREDIT LINE: _____

TRADE CREDIT REFERENCES

WE/I HAVE ESTABLISHED A CREDIT ACCOUNT AT THE FOLLOWING TRADE LOCATIONS:

FIRM NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT: _____

CREDIT LIMIT: _____

FIRM NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT: _____

CREDIT LIMIT: _____

FIRM NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT: _____

CREDIT LIMIT: _____

TERMS & CONDITIONS

Net 30 days past and thereafter; all accounts 30 days past due are subject to a late payment charge of 1% per month or the maximum allowed by law. Purchaser agrees to pay all reasonable collection costs and attorney's fees necessary to collect past due accounts. The above information is for the purpose of obtaining credit information and is warranted to be true. This signed application is authorization for the release of credit information to Fleet Titans, LLC. I/WE authorize to investigate the references listed pertaining to MY/OUR credit and financial responsibility.

_____ | _____
 SIGNATURE OF OWNER, OFFICER, OR AUTHORIZED REPRESENTATIVE SIGNATURE OF OWNER, OFFICER, OR AUTHORIZED REPRESENTATIVE

_____ | _____
 PRINT NAME TITLE DATE PRINT NAME TITLE DATE

Required, for corporations in business less than 2 years and all partnerships, proprietorships, or LLCs.

In consideration of credit being extended to the above-named firm, I personally guarantee all indebtedness of any kind owing at any time by said firm to
 I further agree that this guarantee is an absolute and continuing one and is a guarantee of payment and not of collections, and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended, and/or renewed without notice to me. Neither bankruptcy nor any other similar proceeding of such firm shall impair or affect my obligations under this guarantee.

SIGNATURE: _____ DATE: _____
 ADDRESS, CITY, STATE, ZIP: _____
 PRINT NAME: _____ TITLE: _____ PHONE NUMBER: _____

In the event it becomes necessary for Fleet Titans, LLC to incur collection cost or institute suit to collect any amount due under this agreement or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses, including reasonable attorney's fees incurred by Fleet Titans, LLC.