

Truck Center of Fort Worth, Inc. Ph. (800) 624-3181 Fax (817) 625-2814  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

The company applying for credit in this application ("Company") has requested credit from Truck Center of Fort Worth, Inc. (TCFTW). Company is furnishing the information and agreements herein solely to obtain credit from TCFTW. The information contained in this statement is provided to induce the issuance of credit or continue the extension of credit to the undersigned. The undersigned hereby authorizes TCFTW and its credit sources to make inquiry into, request and receive any information concerning any and all information which is deemed relevant for the granting and collection of the proposed borrowing. TCFTW reserves the right to assign any or all credit accounts at any time. The Company understands that all accounts are due on the 10th day of the calendar month after the calendar month of the statement date. If TCFTW, after Company's refusal to pay, collects through an attorney any indebtedness related to any account with TCFTW, the Company shall pay all collection costs, including a reasonable attorney's fee.

**SIGNATURES**

Name:	Name:
Title:	Title:
Date:	Date: