

Salesman# _____

FOR OFFICE USE ONLY
ACCOUNT # _____



TRAILER SALES • SERVICE • PARTS

CREDIT APPLICATION

Customer Name: _____

Mailing Address: _____

Shipping Address: _____

City / State / Zip: _____ Years in Business: _____

Telephone #: _____ Fax #: _____

Officers: _____

Do you require a Purchase Order? Yes _____ No _____ Federal ID# _____
or SSN (Individual) _____

Do you have a sales tax exempt number? Yes _____ No _____ If yes, please attach a signed copy.

Email Address: _____ Accounts Receivable Contact: _____

PLEASE LIST BELOW THREE VENDOR REFERENCES

Name: _____ Telephone #: _____
Address: _____ Fax #: _____
City / State / Zip: _____ Contact: _____

Name: _____ Telephone #: _____
Address: _____ Fax #: _____
City / State / Zip: _____ Contact: _____

Name: _____ Telephone #: _____
Address: _____ Fax #: _____
City / State / Zip: _____ Contact: _____

BANK INFORMATION

Bank Name: _____ Branch Location: _____

Contact Name: _____ Telephone: _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit, business history and to answer questions about your credit history with me. The above information is given in order to establish credit with CRTS, Inc. and or its financial sources, and is to be considered confidential.

Company Officer (or Owner) Signature Title Date

FOR CREDIT DEPARTMENT USE ONLY

Credit Ok: _____ Maximum Amount: \$ _____

Credit Refused: _____ Reason: _____

Signed: _____ Date: _____

**CRTS, Inc. 3301 Integrity Drive Garner, NC 27529 Local: (919) 773-4000 Toll Free: (800) 662-7026 Fax (919) 773-4005
AR Contact: Beckie Wilkerson Email: beckie.wilkerson@crtssinc.com**

