



**TRUCKS OF BISMARCK, INC.**

3955 E. DIVIDE AVE  
BISMARCK, ND 58501  
1-800-726-3061 OR 1-701-223-5235  
FAX : 1-701-223-6357

**CREDIT APPLICATION**

Full Company Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Individual \_\_\_\_\_ Other \_\_\_\_\_  
Name of Owner(s): \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Fax Number : \_\_\_\_\_  
State Incorporated \_\_\_\_\_ Year: \_\_\_\_\_ Time in Operation \_\_\_\_\_  
SS or Fed ID# \_\_\_\_\_

**FINANCIAL INFORMATION**

Name of Principal Bank: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Account # \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**CREDIT REFERENCES** (please do not list banks for credit references)

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
# of Trucks in Use: \_\_\_\_\_ Credit limit amount requested: \_\_\_\_\_  
Name of Contact for Payment: \_\_\_\_\_ P.O. numbers used: \_\_\_\_\_  
Resale Tax Permit# \_\_\_\_\_ State \_\_\_\_\_  
Purchased for: Resale \_\_\_\_\_ Rental \_\_\_\_\_ Other \_\_\_\_\_  
Note: Please return a signed exempt sales tax certificate if tax exempt.

**TERMS AND CONDITIONS**

In Consideration of the granting of this request for credit I/We agree to:  
1) Pay the full amount charged for all goods and services by the 10th of the month statement of charges.  
2) If the above does not pay the full amount charged for such goods and services by the 25th of the month following statements a finance fee, which the above agrees to pay, may be imposed with respect to any goods and services not paid within the stated billing period. Finance charges will be calculated by applying a periodic rate of 1.5% (18% annual rate) to those unpaid charges.  
3) The above agrees that court costs plus reasonable attorney fees of not less than 25% of the unpaid balance of the above account shall be paid by same if the account is referred to any attorney or collection agency for collection.  
4) The above as "Buyer" acknowledges receiving the hereinafter quoted statutory notice and acknowledges the other material set forth below.  
5) I certify that the information given is true, correct, and complete and is given for the purpose of obtaining credit and you and any other creditor or prospective creditor of the above or any agency employed by you or any of them are authorized to make investigations concerning the above or concerning the above information and to disclose to each other the information set forth above and the results of such investigations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed: \_\_\_\_\_  
Title: \_\_\_\_\_