

ILLINOIS TRUCK CENTRE INC



700 E. Devon Avenue/1100 Busse Road, Elk Grove Village, IL 60007 Phone: 847-437-8900 Fax: 847-437-0767
E-Mail Address: WWW.Illinoistruck.com

CREDIT APPLICATION

THE FOLLOWING IS SUBMITTED FOR YOUR CONSIDERATION AS A BASIS OF EXTENSION OF CREDIT TO US:

_____	(BUSINESS NAME)	_____	DATE
_____	(STREET ADDRESS)	() - _____	TELEPHONE
_____	(CITY) (STATE) (ZIP)	() - _____	FAX

			E-MAIL ADDRESS

HOW MANY YEARS IN BUSINESS: _____ NUMBER OF TRUCKS OWNED AND OPERATED _____

TYPE OF BUSINESS: _____

* TRADE REFERENCES: (Include two **PARTS** outlets or two **SERVICE** garages, or one of each)

(NAME)	(ADDRESS)	(CITY-STATE-ZIP)	(PHONE/FAX)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME OF OFFICERS, IF CORPORATION:

NAME: _____ TITLE _____

NAME: _____ TITLE _____

PAYMENT TERMS: All open Account charges are: NET 30 DAYS FROM DATE OF INVOICE, our invoices are mailed daily to our customers, statements are mailed at the first of every month.

DO YOU REQUIRE PURCHASE ORDER? YES ___ NO ___ SALES TAX EXEMPT (Exemption Certificate Attached)

WOULD YOU LIKE TO SET UP EASY PAY? YES ___ NO ___ Tax Exempt No. _____ State _____

CREDIT CARD TYPE	CREDIT CARD NUMBER	EXPIRATION DATE	
_____	_____	_____	
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	ACCT. TRANSIT/ABA NUMBER
_____	_____	_____	_____

All of the information above is true and this application hereby authorizes investigation of all credit references. Also I understand and agree to comply with all terms, conditions, statements and policies listed above. Our firm is financially able to meet any commitments we will make, and we expect to pay your invoices according to your terms. In the event this account becomes past due, we agree to pay reasonable costs associated with collecting the account, including court costs and attorney fees. We also agree to assume financial liability for orders placed by our firm for a third party.

Signature	Print Name	Date
_____	_____	_____