

**COMMERCIAL CREDIT APPLICATION**



**Reds Truck Center**  
1701 Kerr Road  
Bidwell, Ohio 45614  
Tel 740.446.8500 Fax 740.446.2320  
[www.redstruckcenter.com](http://www.redstruckcenter.com)

**Office Use Only**

Date Reviewed \_\_\_\_\_  
Reviewed by \_\_\_\_\_  
Approved? \_\_\_\_\_  
Credit Amount \$ \_\_\_\_\_

**COMPANY INFORMATION**

Business Name \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_ Order Pending? \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ship to Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_ Toll Free \_\_\_\_\_  
DBA Name \_\_\_\_\_ Parent Company Name \_\_\_\_\_  
Company Inception date \_\_\_\_\_ Total # of Employees \_\_\_\_\_

**COMPANY BACKGROUND**

Business Structure \_\_\_\_\_ If Company is Incorporated what State? \_\_\_\_\_  
City or State License # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_  
Projected Annual Sales \$ \_\_\_\_\_ Company Sales Territory \_\_\_\_\_  
Landlord / Mortgage Holder \_\_\_\_\_ Phone \_\_\_\_\_  
Accounting Contact Name #1 \_\_\_\_\_ Email \_\_\_\_\_  
Accounting Contact Name #2 \_\_\_\_\_ Email \_\_\_\_\_

**COMPANY PRINCIPAL / OFFICERS**

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
% of Ownership \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
% of Ownership \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

Has the company ever filed for Bankruptcy protection? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have any of the company principals ever filed Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has the company changed ownership in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

**BANK REFERENCES**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ Contact Name \_\_\_\_\_

**TRADE REFERENCES**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_ Credit Limit \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_ Credit Limit \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_ Credit Limit \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_ Credit Limit \_\_\_\_\_

**TERMS AND CONDITIONS**

Client and all assigned agents are herewith authorized to contact any of the above references and are granted full permission to disclose any credit information necessary. It is agreed that client reserves the right to garner additional information needed if not able to obtain ample credit information on the company limited to information hereto. By signing below, I am accepting responsibility as an authorized representative of the company making application for credit and agree to fully comply with the payment terms established by all contracts established by my company with client.

Applicant represents and warrants that the product or service being supplied is used for commercial purposes and not for personal consumption.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

In consideration for the extension of credit, said business promises to pay for all purchases within terms agreed and agrees to pay a service charge of equal to the client residence state's maximum allowed limit on interest on all past due balances.

In the events any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. Collection fees in the state of Minnesota will be 33.33%.

**The undersigned represents that he/she has reviewed and agreed to the terms and conditions hereto and that he/she has the authority to execute this credit agreement on behalf of the business identified.**

Name of Business \_\_\_\_\_  
Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



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PERSONAL GUARANTEE

In consideration, I/we hereby unconditionally guarantee to personally repay all monies owed, the obligation of the undersigned shall be a continuing guaranty and not be terminated changed in any aspect not withstanding any circumstances or occurrence whatsoever which otherwise might terminate or change the obligation of the Applicant.

I/we shall be personally obligated and liable hereon regardless of the inclusion hereunder of a corporate name or office. I/we also agree that its liability under this guaranty shall be primary, and that in any right of action which shall occur, credit grantor at its option may proceed against without having commenced any action against of having obtained any judgment against borrower.

This guaranty shall continue in force and shall not, by any act or omission, be deemed waived unless credit grantor notifies applicant in writing, sent by registered certified mail, return receipt requested and signed by authorized representative of credit grantor. Said notice shall specify the date on which this guaranty is to be terminated and such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date

Name of Business whose account is being guaranteed

Name of Person Guaranteeing payment: NO TITLE

Home Address

Home Phone Cell Work Email

Date of Birth SS# Personal Email

Signature of Person Guaranteeing payment

Date

Witness - Print Name

Date

Witness - Signature