



CONFIDENTIAL CREDIT APPLICATION

Date _____

(717) 691-1800

----- Please Print -----

FAX (717) 691-1210

ABOUT YOUR BUSINESS	Name/Company				Authorized by	
	Address		City	State	Zip	
	Telephone Number		Fax Number			
	Sole Proprietorship	Partnership	Corporation	Federal I.D. Tax Number		
	Year	Year	Year			
	Years in Business	Years at present address	Own	Rent	Mortgagor/Lessor	
Type of Business						
FINANCIAL	Billing Address if Different From Above			Accts. Payable Contact		
	Special Billing Instructions:			Purchase Order <small>Circle</small> Yes No		Fax Order Permitted <small>Circle</small> Yes No
	P.O.'s Approved By:					
	Financial Statement Attached <small>See Reverse Side</small> <small>Circle</small> Yes No			Comments		
TRADE REFERENCES	Name	Address		City	State Zip	Telephone
	1					
	Name	Address		City	State Zip	Telephone
BANK REFERENCES	2					
	Name	Address		City	State Zip	Telephone
	3					
BANK REFERENCES	Name	Address		City	State Zip	Telephone
	1					
	Name	Address		City	State Zip	Telephone
BANK REFERENCES	2					
	Name	Address		City	State Zip	Telephone
	3					

(OVER)

_____ does hereby make application for a credit account with
und. signed
TRUCK PARTS PLUS, INC., thereby authorizing **TRUCK PARTS PLUS, INC.** to
investigate _____ credit in connection with the establishment and
undersigned
maintenance of their credit account. _____ warrants that all answers are true
undersigned
and accurate in every respect; and affirm financial ability to meet any commitments; and,
we will pay **TRUCK PARTS PLUS, INC.** invoices according to their terms which are **30 days net**
from invoice date. A finance charge of 1.5% per month will be added to all invoice(s) past due.
This contract shall be governed by the laws of the Commonwealth of Pennsylvania.

_____ for _____
president undersigned date

OFFICE USE ONLY

Reference Response
1.
Reference Response
2.
Reference Response
3.