

**APPLICATION FOR CREDIT**

**Effingham Truck Sales, Inc.  
Box 840, Effingham, Illinois 62401  
(217) 342-9761 FAX (217)-347-7004**

Date \_\_\_\_\_ If individual,  
Applicant SS # or FEIN # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Individual or Company \_\_\_\_\_ If individual,  
Name \_\_\_\_\_ Spouse's First Name \_\_\_\_\_  
Address \_\_\_\_\_ If employed, name and address of employer: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Your fax # \_\_\_\_\_

If Company, type of ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Individual \_\_\_\_\_  
Principal owners if partnership or limited partnership \_\_\_\_\_  
Managing partner \_\_\_\_\_ If corporation, state in which incorporated \_\_\_\_\_  
Is corporation in good standing with state authorities? \_\_\_\_\_  
How long at current address? \_\_\_\_\_ Previous address \_\_\_\_\_  
Expected Monthly Purchases \$ \_\_\_\_\_

Application for credit is hereby made and the following references given:

**CREDIT REFERENCES**

Name	Address	Phone	Contact	Checking/Savings	A/C #
<i>BANK REFERENCES:</i>					
<i>TRADE REFERENCES:</i>					

**BUSINESS EXPERIENCE LAST 5 YEARS**

Company	From Year	To Year	Type of Business

**TYPE OF EQUIPMENT**

Year	Make	Model	Type	Financed Thru	Phone	A/C #

Are you a co-maker , or guarantor on any loan or contract? Yes \_\_\_ No \_\_\_ If "Yes" for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
Are there any unsatisfied judgments against you? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_ If "Yes" to whom owed? \_\_\_\_\_  
Have you been declared bankrupt in the last 7 years? Yes \_\_\_ No \_\_\_ If "Yes" where? \_\_\_\_\_ Year \_\_\_\_\_  
Other Obligations. (Use separate sheet if necessary.)

Applicant agrees that Effingham Truck Sales, Inc. will charge, and applicant will pay a service charge of 1 ½% per month on all accounts over 30 days past due. THIS IS AN ANNUAL PERCENTAGE RATE OF 18%. In addition, applicant agrees to pay costs of collection on accounts over 30 days past due, including reasonable attorney fees and court costs. Applicant certifies: (1) That there are no liens or judgments against applicant; (2) That applicant is not now nor has ever been bankrupt or had any part of an account written off by a creditor as not collectible. Applicant state that this application has been read by applicant and everything stated is true.  
I HEREBY AUTHORIZE RELEASE OF CREDIT INFORMATION TO EFFINGHAM TRUCK SALES, INC.

\_\_\_\_\_  
Applicant Signature Date (Guarantor of credit extended to applicant if applicant is corporation) Date  
BY: \_\_\_\_\_  
(President, Vice President, Managing Partner)

**CUSTOMER AUTHORIZATION FORM**

**EFFINGHAM TRUCK SALES, INC.  
P.O. BOX 840  
EFFINGHAM, IL 62401**

COMPANY NAME \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_

**YOU ARE AUTHORIZED TO CHARGE TO OUR COMPANY AS FOLLOWS:**

**CHECK ONE**

- NO PURCHASE ORDER REQUIRED
- ALL PURCHASES MUST HAVE PURCHASE ORDER
- PURCHASES OVER \$25.00 MUST HAVE PURCHASE ORDER
- PURCHASES OVER \$50.00 MUST HAVE PURCHASE ORDER
- PURCHASES OVER \$100.00 MUST HAVE PURCHASE ORDER
- PURCHASES OVER \$200.00 MUST HAVE PURCHASE ORDER

**PERSONS TO CALL FOR PURCHASE ORDER**

DAY PHONE # \_\_\_\_\_ NIGHT PHONE # \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST SPECIAL BILLING INSTRUCTIONS BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT ALL BILLS FOR SERVICE AND REPAIRS ARE TO BE PAID ON RECEIPT OF STATEMENT SENT THE FIRST OF EACH MONTH. IF NOT PAID BY THE 10<sup>TH</sup> OF THE MONTH SUCCEEDING DATE OF INVOICE, CHARGES WILL CEASE TO BE EXTENDED. A CHARGE OF 1 ½% PER MONTH ON ALL BALANCES OVER 30 DAYS WILL BE ADDED TO ALL ACCOUNTS. THIS IS AN ANNUAL PERCENTAGE OF 18%.

SIGNATURE \_\_\_\_\_  
POSITION \_\_\_\_\_  
DATE \_\_\_\_\_

**BLANKET EXEMPTION CERTIFICATE**

THIS IS TO CERTIFY WE ARE EXEMPT FROM PAYING TAX FOR THE REASON LISTED BELOW ON ANY PROPERTY PURCHASED FROM EFFINGHAM TRUCK SALES, INC. WE FURTHER CERTIFY WE SHALL BE HELD SOLELY RESPONSIBLE FOR ANY TAX APPLICATION SHOULD THE PROPER TAX AUTHORITIES RULE TO THE CONTRARY AT A LATER DATE. THIS EXEMPTION WILL BE EFFECTIVE AT ALL TIMES UNLESS WE NOTIFY YOU IN WRITING TO THE CONTRARY.

- 1) SALES TAX EXEMPTION # \_\_\_\_\_
- 2) USE TAX EXEMPTION # \_\_\_\_\_
- 3) RESALE EXEMPTION # \_\_\_\_\_
- 4) ICC OR CODE NO. # \_\_\_\_\_  
(IF APPLICABLE)

COMPANY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

PHONE \_\_\_\_\_