



Submit to: credit@rechtien.com

Credit Application

ACCOUNTS PAYABLE CONTACT INFORMATION

Name of A/P contact:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Business Name			
Address:	City:	State/Zip:	
How long at current address?			
Telephone:	Fax:	Email:	
Bank name:			
Bank address:	Phone:	Fax:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

ACCOUNT REQUIREMENTS

Purchase Orders:	Will Be Furnished	<input type="checkbox"/>	Not Furnished	<input type="checkbox"/>
Purchase Order Requirements: (ex: prefixes/suffixes)				
Corporate I.D. Number:				
Sales Tax Exemption Number:				
Persons Authorized to Make Purchases:				

AGREEMENT

1. This application is made with the understanding, and agreement, that all charges for parts and service work will be due and payable net 10th proxy, this includes all purchase appearing on the current month's statements, which are due and payable by the 10th day of the following month.
2. A monthly service charge of one and one half per cent will be paid on account balances which are past due.
3. Express mechanic's and repairman's liens are acknowledged as to monies owed for all work performed and materials supplied. We agree to pay all costs, including reasonable attorney's fees, incurred in enforcing any of your rights or in collecting amounts due, whether collected by suit or otherwise.
4. By signing below, I represent and warrant that I am authorized to open accounts on behalf of the applicant.
5. By submitting this application, you authorize Rechten International Trucks to make inquiries into the banking and business/trade references that you have supplied.

GENERAL INFORMATION

Rechten Store:

Credit Amount Requested:

Rechten Dealer Contact:

Parts & Service

Idealease

BUSINESS PROFILE (OPTIONAL)

FLEET

SHOP

DISTRIBUTOR

OTHER:

FLEET PROFILE (OPTIONAL)

Total Number
Trucks

Total Number
Tractors

Total Number
Trailers

Total Number
Buses

Average monthly parts purchases

\$ _____

SIGNATURES

MUST BE OFFICER OF COMPANY

Print Name: _____ Sign Name: _____

Title: _____

Date: _____

APPROVED

Approved: Secretary-Treasurer:

Date:

Concur: General Manager:

Assigned Account Number:

Customer Code:

Credit Limit: