



Credit Application Form

Upon Completion:
Email: wiers-accounting@wiers.com
Fax: 574-936-9301

Company Name: _____

PRINCIPAL OWNER

Name and Title: _____
Address: _____
Telephone: _____
Email: _____

BUSINESS INFORMATION

Former Address (If Applicable): _____
City, State, Zip Code: _____
Nature of Business: _____
Date Business Established: _____
Federal ID#: _____
Tax Exempt? YES NO
(If yes, please attach your sales tax exemption form)
Business Type: Sole Proprietorship Partnership Corporation
of Units: _____
Monthly Credit Limit Request: _____
Has Firm or Its Principals ever filed bankruptcy? YES NO
I would like to make my payments via Check ACH
If ACH, banking information will be sent with the approval letter
I would like invoices and statements emailed YES NO
If yes, what email address? _____

BANK REFERENCES

(Name of Bank) (Phone) (Contact)

(Name of Bank) (Phone) (Contact)

REFERENCES

(Name) (Address) (Phone) (Fax)

(Name) (Address) (Phone) (Fax)

(Name) (Address) (Phone) (Fax)

APPROVAL FOR REFERENCE CHECK AND TO APPLY FOR CREDIT

Signature: _____ Title: _____ Date: _____

____ (initial) Credit terms are "Due by 10th." This means that all of the charges for one month must be paid by the 10th of the following month. (October's bills, which are due Nov. 10th, will be delinquent after Nov. 10th). Statements are mailed on the 1st of the month.

____ (initial) All customers who have not paid for their services for one month by the 10th of the following month are delinquent and will receive a call from our A/R department

____ (initial) All customer whose charges are not paid 30 days from the due date may be placed on C.O.D. Example: October's bill not paid by the 10th of December shall be placed on C.O.D. on the 11th of December and will receive notification from Wiers.

____ (initial) Customers changed to C.O.D. cannot be converted to a charge account unless the total past due amount has been paid. The past due balances must be paid within 30 days from the time the account is placed on C.O.D. If not paid within 30 days, collection proceedings will be initiated.

____ (initial) A finance charge of 1.5% per month will be charged on account balances of 30 days or more.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TERMS OF PAYMENT.

Accounts Payable

Contact: _____
(Printed Name) (Date) (Phone Number & Ext. if different than above)

Controller

Contact: _____
(Printed Name) (Date) (Phone Number & Ext if different than above)

THE UNDERSIGNED hereby unconditionally guarentees to WIERS INTERNATIONAL TRUCKS, INC. and/or WIERS FLEET PARTNERS, INC. (Wiers) that the undersigned shall promptly and fully pay any and all indebtedness which now exists and/or which may hereafter accrue ("Indebtedness") in any manner from _____ to Wiers and in the event _____ fails at any time or times to promptly submit pay any and all indebtedness as the same becomes due, the undersigned promises to pay such indebtedness to Wiers, forthwith, upon demand, with all costs, expenses, and attorney's fees incurred in enforcing payment under this guarantee, all without relief from valuation and appraisalment laws.

Signature: _____ Title: _____ Date: _____