



# CREDIT APPLICATION FORM

\*For Business Corporations Only (S, C, and LLC) that have been in business greater than 1 year.

Upon Completion:  
Email: [wiers-accounting@wiers.com](mailto: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 10<sup>th</sup>." This means that all of the charges for one month must be paid by the 10<sup>th</sup> of the following month. (October's bills, which are due Nov. 10<sup>th</sup>, will be delinquent after Nov. 10<sup>th</sup>). Statements are mailed on the 1<sup>st</sup> of the month.

\_\_\_\_\_ (initial) All customers who have not paid for their services for one month by the 10<sup>th</sup> 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 10<sup>th</sup> of December shall be placed on C.O.D. on the 11<sup>th</sup> 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 guarantees 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 appraisal laws.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_