



FREIGHTLINER OF SAVANNAH, INC. (FOS)

301 O'Leary Road Savannah, GA 31407

Phone: 912-964-8574 800-335-5066

Accts Rec Fax: 912-525-2434

suzanneb@freightlinersavannah.com

FREIGHTLINER OF AUGUSTA, LLC (FOA)

2930 Riverwest Drive Augusta, GA 30907-2024

Phone: 706-722-1272 877-922-1272

Accts Rec Fax: 912-525-2434

DUBLIN TRUCK PARTS, LLC (DTP)

1013 ML King Jr. Drive

Dublin, GA 31021-5062

Phone: 478-410-5300

Acct Rec Fax: 478-272-2257

SALE PENDING? Yes No FOS FOA DTP

AMOUNT PENDING \$ _____

Service or Parts Salesman _____

CREDIT APPLICATION FOR A PARTS & SERVICE

CHARGE ACCOUNT

PAYMENT TERMS ARE NET 10TH OF EACH MONTH

Date: _____

Web Address: _____

Account Name: _____

Billing Address: _____ Local Ship To Address: _____

Office: () _____ Fax: () _____ Cell: () _____

How Long in Business? _____ () Corporation () Partnership () Proprietorship () LLC

Federal ID #: _____ Type of Business: _____ # of Trucks owned: _____

If Partnership or Sole Owner, please list owners' name, address, date of birth and social security number:

*** (Please include copy of driver's license for each owner)

Home Office or Parent Co. Address & Phone: _____

Accounts Payable Contact: _____ A/P Phone: _____

A/P Email address: _____ A/P Fax: _____

Are you sales tax exempt? Yes No **IF SO, PLEASE INCLUDE A COMPLETED SALES TAX EXEMPT FORM**

Purchase Order # required? Yes No PO contact name & phone #: _____

Suggested Monthly Credit Limit \$ _____

Has the Company or any Owners Filed Bankruptcy in Last 7 Years? Yes No

Company Principals or Owners:

NAME	TITLE	% OWNED

Bank Information:

Bank Name	Officer or Contact	Phone	Account #
		()	
		()	

Trade References:

List name, complete address, telephone number (with area code), fax or email, and account number, if applicable, of four firms from whom purchases are made on an open/charge account. Please list truck or automotive related businesses such as fuel suppliers, parts suppliers, repair shops, or tire shops. COD accounts are NOT accepted; all references MUST be an open/charge account. Please sign below, even if trade sheet is attached. Verification for credit cannot be made without complete information.

Trade Reference Name	City, State	Account #	Phone #	Fax # or Email
			()	
			()	
			()	
			()	

I/We understand that all accounts are due on the 10th day of the calendar month following the purchase and all accounts may be temporarily placed on COD or Hold if they become past due. Any account more than 90 days past due may be closed and referred to an outside collection agency. I/We will pay all service charges of 1.5% per month that may accrue due to past due balances. I/We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We will pay all collection costs, including a reasonable attorney's fee, due to any past due indebtedness related to this account. I/We understand a personal guaranty may be required. A credit limit will be established. The trade reference information, listed above, is given for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize all of the above named persons or companies to release to FOS/FOA/DTP or its representatives such information that pertains to my/our financial condition, as may reasonably have a bearing on this application. I/We authorize FOS/FOA/DTP to obtain a consumer credit report on my/our personal credit history, if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for an account.

Signature: _____ Printed Name: _____ Title: _____

PERSONAL GUARANTY

The undersigned individually, jointly, severally, and unconditionally guarantees the payments when due of all invoices purchased from either Freightliner of Savannah, Inc., Freightliner of Augusta, LLC, or Dublin Truck Parts, LLC.

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date: _____

Printed Name: _____ (PLEASE INCLUDE COPY OF DRIVER'S LICENSE)

***** Please allow 24 to 72 hours, depending on the response time of your trade references, for this application to be processed and an account to be set up.

***** Please submit to: Suzanne Butler Fax: 912-525-2434
Freightliner of Savannah, Inc. Phone: 912-964-8574 x 1241
P.O. Box 18326 Email:
Savannah, GA 31418-0326 suzanneb@freightlinersavannah.com