



Phone: 800-825-6246

Fax: 888-922-2263

Email: credit@acmetruck.com

ACME TRUCK LINE, INC. CREDIT APPLICATION
(Please complete in full)

TERMINAL _____

DATE _____

We hereby apply for the extension of credit by your firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

LEGAL NAME _____ PHONE NUMBER _____

DOING BUSINESS AS _____ FAX NUMBER _____

STREET _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ DATE BUSINESS STARTED (____)

CORPORATION (____) PARTNERSHIP (____) LIMITED PARTNERSHIP (____) PROPRIETORSHIP (____)

FEDERAL ID#: _____

If incorporated, state in which incorporated _____

Affiliated with or subsidiary of _____

CONTACT: _____

PRINCIPAL OWNERS OR STOCKHOLDERS: NAME ADDRESS TITLE

1. _____

2. _____

3. _____

*** IF BRANCH OFFICE ONLY *** PLEASE INDICATE HOME OFFICE ADDRESS

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

INVOICES TO BE SENT TO: HOME OFFICE (____) BRANCH OFFICE (____)

TRADE REFERENCES: NAME STREET CITY & STATE PHONE NUMBER

1. _____

2. _____

3. _____

4. _____

NAME OF BANK _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT _____ ACCOUNT NUMBER _____

APPLICANTS'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS OF NET 30 DAYS FROM INVOICE DATE. Should it be necessary to place this account for collection, I/we agree to pay all collection costs and attorney fees. I/we also agree that if part payments are made or no payments are made on the account within the terms specified that you have the right to assess and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1% to the past due balance. This is an annual percentage of 12%.

AUTHORIZED SIGNATURE: _____

PRINT NAME _____ TITLE _____

WITNESS SIGNATURE _____ NAME _____

PERSONAL GUARANTY

Date _____ 20__

In consideration of your extending at my/our request of credit to _____

(Name of Company)

(hereinafter referred to as the "Company"), I/we hereby personally guarantee to you the payment at 121 Paillet Drive, Harvey, LA of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____

Witness _____

Print Name: _____

Address: _____
