



Return completed application to
Jason Deanda
jason@texastrucking.com
www.texastrucking.com

Application for Credit & Agreement

Failure to complete application in its entirety will prohibit credit being issued.

BUSINESS INFORMATION

Legal Business Name _____

Business Address _____

City _____ State _____ Zip _____ Business Phone # _____

Business Fax# _____ How long in business at this address? ___Yrs. Business Property? Own Rent

Federal Tax ID# or SSN# if d/b/a _____

Tax Exempt? Yes No **If Yes, attach sales tax exemption certificate**

Company type Corporation Partnership Sole-Proprietorship

Date of Inc. _____ Have you ever purchased from TXTA before? Yes No

If yes, What Location _____ Under What Business Name _____

State Trucking Association Affiliation _____

NAME OF OWNERS OR PRINCIPALS

1) Name _____ Title _____

Home Address _____ City _____ St _____ Zip _____

Home Phone # _____ Mobile Phone # _____

2) Name _____ Title _____

Home Address _____ City _____ St _____ Zip _____

Home Phone # _____ Mobile Phone # _____

Bank Name _____ Location _____

Phone # _____ Account # _____

Bank Officer Name _____

Please designate your authorized buyers/signers (if any), for the pick-up or delivery of tires and/or supplies.

A) _____

B) _____

Your company is responsible for all purchases made by anyone representing your company and/or anyone posing as a representative of your company.

LIST OF TRADE REFERENCE SUPPLIERS

1. Name _____

Address _____

Phone # _____

2. Name _____

Address _____

Phone # _____

CREDIT CARD INFORMATION

American Express Discover MasterCard VISA

Name on Card _____ Card Number _____

Exp. Date _____ Security Code _____

Authorized Signature _____

Credit card information is required. In the event your account is not paid in a timely basis (net 30 days), any outstanding balance may be charged on the credit card.

Credit Request

Please provide an estimate of your monthly tire purchases: \$ _____

TXTA National Account Information

Please provide the name, address, and phone number of the primary tire dealer you plan to utilize under this account.

1. Name _____

Address _____

Phone # _____

I/We herein make application to Texas Trucking Association (TXTA) for credit. I am (we are) authorized in my (our) capacity to bind our firm accordingly. If credit is granted I (we) promise to pay all bills according to the terms Net Due 30 Days. In the event payment is not made and this account is referred for collection, I (we) will pay the cost of collection equal to a minimum amount of twenty-five (25%) percent of the principal amount and interest on any unpaid balance charged at the highest rate allowed by law, currently 1.5% per month. Applicant agrees to pay reasonable attorney fees and all associated costs if suit or action becomes necessary, accordingly applicant agrees that venue will be in Travis County, Texas. Applicants give their permission to TXTA and/or its agents to verify and/or supplement the information stated herein. Applicant agrees to notify TXTA of any changes of business ownership or authorized buyers by certified mail to the corporate headquarters at the above address and to be responsible for the payment of bills for all products/services provided.

By _____ Date _____

Authorized Signature

Print Name _____ Title _____



APPLICATION FOR OPENING TIRE PURCHASE ACCOUNT



Business Name			Phone		Date of Application
PO Box	Street	City	State	Zip	County
Fleet Manager Name		Accounts Payable Contact	In Case of Billing Problems Contact		

BRAND OF TIRES INTERESTED IN PURCHASING		
___ Michelin	___ BF Goodrich	___ Yokohama

PASSENGER	LIGHT TRUCK
Annual New Tire Unit Purchases	Annual New Tire Unit Purchases
INDUSTRIAL / TRUCK	OTR / EARTHMOVER
Annual New Tire Unit Purchases	Annual New Tire Unit Purchases

INFORMATION REQUIRED BY DEALER ON DELIVERY RECEIPT
1. Driver's Printed Name /Signature 2. License Plate No. & State 3. Vehicle No. (if applicable) 4. Vehicle Make and Model 5. Vehicle Mileage

BILLING INSTRUCTIONS (INVOICE TO)		
Direct Invoices to (name)	Email address	
FURTHER BILLING INSTRUCTIONS OR OTHER REQUIRED INFORMATION SHOULD BE ATTACHED	APPLICABLE SALES TAX WILL BE CHARGED UNLESS EXEMPTION CERTIFICATE(S) ARE ATTACHED	
Authorized signature of the account constitutes a representation by the account of truth and accuracy of all statements on this application.		
Request originated by (Name/Title)	Date	Authorized signature

Return completed application to Jason Deanda, jason@texastrucking.com