



**APPLICATION FOR CREDIT WITH ALLIANCE TRUCKING INC.**

Company Name: \_\_\_\_\_ D & B# \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Contact Name: \_\_\_\_\_

Incorporated: \_\_\_\_\_ Federal ID or SSN: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Names of Principals: \_\_\_\_\_

**TRADE REFERENCES**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Contact: \_\_\_\_\_

**BANK REFERENCE**

Checking \_\_\_ Loan \_\_\_ Savings \_\_\_

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Contact: \_\_\_\_\_ Account# \_\_\_\_\_

**AGREEMENT**

We herein make application to Alliance Trucking, Inc. for credit. If credit is granted, we promise to pay all bills when rendered within terms of sale. In the event payment is not made and this account is referred to collection, we will pay cost of collection equal to a minimum amount of 25% of the principal amount. Also we understand on any unpaid balance will be 18%. If suit or action by attorney is instituted, we promise to pay reasonable attorney fees in suite or action. It is understood that in the event of suit or action, same shall take place in Jackson County, Oregon. Applicants give their permission and/or its agents to verify the information stated above. Further, applicant agrees to allow Alliance Trucking, Inc. to share credit information pertaining to the applicant and with credit reporting agencies or others who may have valid reasons for such information.

**TERMS OF SALE NET 30 DAYS**

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

Please return this completed Credit Application form to Fax# 541-734-7009