



Commercial Credit Application

T Name: Reliable Trailer Systems, Inc _____
O Address: 4227 West Morris Street _____
City/State/Zip: 46241 _____
Credit Department _____
Phone: 317-241-7180 Or Fax 317-241-7594 _____

F Name _____
R Address _____
O City/State/Zip _____
M E-Mail _____
Phone _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ D&B Number: _____

Federal ID#: _____ DOT# _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number
PLEASE SEND TRADE REFERENCES ON YOUR COMPANY LETTERHEAD WITH THIS APPLICATION

This application is made with the understanding that payment is DUE on receipt. The terms and conditions are printed on the billing statement. Applicants failure to meet payments terms AS identified herein, will result in credit suspension and or revocation. If an account becomes delinquent to the point of turning over to a collection agency or attorney, the customer agrees to pay all collection fees and court cost. A service fee of \$40.00 will be charged on each returned check. If a valid tax exemption certificate in not on file, prior to billing, the responsibility remains with the applicant to file for a refund with the state to which those taxes have been remitted.

The above information is submitted for the	SIGNED _____
sole purpose of opening an account and I	TITLE _____
hereby certify the information to be true.	DATE _____