



CREDIT APPLICATION

REMIT TO:
P.O. BOX 505
Plainfield, IN 46168

Brazil, IN
2130 E. Industrial
Park Drive
Brazil, IN 47834

Lafayette, IN
5374 E. 450 S.
Lafayette, IN 47905
(765)269-4460

360 Sales Rep: _____ Date _____

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Tax ID# _____

S-Corp C-Corp LLC Partnership Sole-Proprietor

Billing/Accounts Payable Contact Information

Contact Name _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

OWNERS, PRINCIPALS, AND OFFICERS

Name _____ Title _____ Email _____ SS# _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

Name _____ Title _____ Email _____ SS# _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

Name _____ Title _____ Email _____ SS# _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

TRADE REFERENCES

Company Name _____ Contact _____ Account # _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

Company Name _____ Contact _____ Account # _____

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

BANK REFERENCES

Bank Name _____ Contact _____ Account # _____ Savings Checking Loan

Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

PERSONAL GUARANTEE

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name Date Name Date

| | | |
|--|----------------------------------|---|
| Have you previously had an account (under present of other Company name) with 360 Fleet Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever filled for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you tax-exempt? Please attach a sales tax exemption certificate to the back of this application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require monthly statements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require purchase orders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| No. of Employees _____ | Expected Monthly Purchases _____ | Date Started _____ Yrs. at Location _____ |

CREDIT APPLICATION

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with acknowledged terms of net 30 days from date of the invoice. Customer agrees to pay and costs incurred in enforcing 360 FLEET terms, or in collecting amounts due, including, but not limited to, collection agency fees or commissions, cost of suit and reasonable attorney's fees. Amounts collected shall be applied first to costs of collection of enforcement, as described herein and then to the purchase price.

AUTHORIZATION

I hereby authorize the above name firms and banking institutions to furnish information requested by 360 FLEET SERVICES to process this application and I agree that the said persons shall not be liable for any claim of damages as a result of furnishing the request for information.

Signature _____

Title _____

Date _____

UPON CREDIT APPLICATION COMPLETION

Please attach ST-105 form, bankruptcy dates of filing and tax-exempt certificate(s) along with the completed credit application and email all paperwork to AMY SMITH, ASMITH@360FLEETSERVICES.COM.