



TruckPro Corporate Office
 8110 Cordova Road, Suite 116
 Cordova, TN 38016
 188TruckPro • Fax 901-252-4241
 www.truckpro.com

Charge Account Application

**TruckPro Store
Use Only**

TruckPro Store #

Customer Acct. #

Date

Applicant: Please read the following before completing this form. Applicant represents that the information given in this Application is complete and accurate and authorizes TruckPro Corporation ("Seller") or its authorized credit agent to check with credit reporting agencies, credit references, and other sources, including banks. Seller deems appropriate in considering this application and subsequently for any legal purpose. READ THE ATTACHED AGREEMENT AND SIGN THE "SIGNATURE" SECTION BEFORE SUBMITTING THIS APPLICATION.

CUSTOMER INFORMATION

Company Name (Full Legal Name)		DBA (Doing Business As)	
Billing Address	City	State	Zip
Physical Address (or Shipping Address)	City	State	Zip

Business Type: <input type="checkbox"/> Repair <input type="checkbox"/> Private Fleet <input type="checkbox"/> OTHER _____ # Trucks _____	# of Locations	Year Established	# of Employees
<input type="checkbox"/> Resale <input type="checkbox"/> Common Carrier # Bays _____ # Trailers _____			

Business Structure: <input type="checkbox"/> Corporation (or) <input type="checkbox"/> LLC <input type="checkbox"/> LP Year Incorporated _____ State of Incorporation _____	Annual Sales \$ _____
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency	

If a Corporation, please list the three major stockholders and officers of the Corporation. If a Partnership or Proprietorship, please list the name, address and Social Security Number of all owners.	Name/Title	Social Security Number
	_____	_____
	_____	_____

Inside City Limits? Yes _____ No _____	County (for Shipping Address) _____	Have you ever filed bankruptcy? Yes _____ (complete below) No _____
		What year? _____ What type? _____

Average Monthly Purchases \$ _____	Federal ID# _____	Purchase Order Required? Yes _____ No _____	Dun & Bradstreet # _____	Rating (if known) _____
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Are your purchases Tax Exempt? Yes _____ No _____	Tax Exempt# _____	TAX WILL CONTINUE TO BE CHARGED ON ALL INVOICES UNTIL THE APPROPRIATE "TAX EXEMPT CERTIFICATE" IS RECEIVED. CUSTOMER WILL BE RESPONSIBLE FOR ALL TAX UNTIL CERTIFICATE IS RECEIVED.
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Billing Contact Name	Phone #	Fax #	Email Address
Purchasing Manager	Phone #	Fax #	Email Address

Indicate all authorized purchaser(s). Attach sheet(s) if necessary. It is the customer's responsibility to keep this list updated as changes occur.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Bank Reference (Required)

Name of Bank: _____ Address: _____

Phone #: _____ Contact: _____

TRADE REFERENCES (**DO NOT LIST FINANCIAL INSTITUTIONS; TIRE; FUEL; OIL COMPANIES; CREDIT CARDS; OR DEPARTMENT STORE CHARGES**)

1/ Name _____	Phone No. _____
City/State _____	Contact _____ Acct. # _____
2/ Name _____	Phone No. _____
City/State _____	Contact _____ Acct. # _____
3/ Name _____	Phone No. _____
City/State _____	Contact _____ Acct. # _____

The information above and on reverse was accurate as of 10/00 and is subject to change after that date. To find out what may have changed, write us at: TruckPro Corporate Office, Attn: Credit Department, Dept #9004, 8110 Cordova Road, Suite 116, Cordova, TN 38016.

TruckPro Credit Terms and Conditions

Our terms are **NET 10TH PROX**. On the last business day of each month a statement will be prepared and mailed to you listing all unpaid invoices as of the close of business for that month. **THE ENTIRE BALANCE, SHOWN ON THE STATEMENT, IS DUE BY THE 10TH OF THE MONTH FOLLOWING THE STATEMENT DATE.** Any part of a statement balance not paid by the end of the month following the statement date will be considered **PAST DUE** and will be assessed a service charge. The service charge will be 1.5% per month (18% per year) in all states (and PR) except as follows: AL, GA, MN, and MO (.6666% per month; 8.00% per year); ND, KY, AK, AR, DE, and MS (.5831% per month; 7.00% per year); CT (1% per month; 12% per year); NE and NY (1.3333% per month; 16% per year); and VA (.4166% per month; 5% per year) on the past due balance, or the rate permitted by applicable law.

Your account will be assigned a MAXIMUM CREDIT LIMIT, subject to review at anytime, and should your unpaid balance exceed this limit, you will be required to make a payment on your account prior to the due date or accept purchases on a "CASH ON DELIVERY" basis until such time as your balance is reduced to within your credit limit. TruckPro reserves the right to discontinue "CHARGE" shipments should your account become past due; if there is an ownership or name change; in the event of bankruptcy; or at any time TruckPro, for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete investigation by TruckPro and understands that TruckPro will not process a "CHARGE" order until a signed and completed credit application has been submitted and approved. The applicant further authorizes the bank listed on the reverse side to release information to TruckPro as necessary for TruckPro to approve credit and subsequently for any legal purpose. Should it become necessary to place this account in the hands of an attorney for collection, applicant agrees to pay the reasonable attorney's fees and all costs of collection.

This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between TruckPro and the Applicant.

**I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE
TO BE BOUND BY THEM IN ALL RESPECTS.**

This _____ day of _____, 20_____.

SIGNATURE: _____
(OWNER OR OFFICER SIGNATURE REQUIRED)

NAME: _____ **TITLE:** _____

PERSONAL GUARANTY

CORPORATIONS IN BUSINESS LESS THAN 2 YEARS, AND ALL PARTNERSHIPS AND PROPRIETORSHIPS MUST COMPLETE THIS SECTION.

UNDERSIGNED GUARANTOR MUST BE ONE OF THE FOLLOWING (Circle One): **Owner/Sole Proprietor / General Partner / Corporate Officer**

PERSONAL GUARANTY: In consideration of Seller, financing purchases by Applicant, the undersigned Guarantor hereby agrees unconditionally, absolutely and irrevocably, to personally guarantee payment of all amounts hereafter due under, and the performance under the terms of, the attached Commercial Charge Account Agreement ("Agreement"), and further agrees to pay the total balance due on the Account opened pursuant to the Agreement upon demand, without requiring Seller to make demand and/or proceed first to enforce payment against the Applicant also liable on this Account, in the event of any default under the Agreement that governs the Account. The undersigned hereby waives any notices regarding the Agreement or this Guaranty, and agrees that this Guaranty shall be applicable until the Agreement has terminated and all amounts due thereunder shall have been paid in full. The undersigned agrees that in the event the Account is not paid as agreed, Seller may report the undersigned's liability for and the status of the Account to credit bureaus and others who may lawfully receive such information.

PERSONAL GUARANTOR MUST BE OWNER/SOLE PROPRIETOR, GENERAL PARTNER, OR CORPORATE OFFICER.

Full Name	Home Address	City	State	Zip
Signature	Date	Title	Social Security #	Home Phone #

***** FOR STORE USE ONLY *****

Store # _____ **Acct. Mgr.#** _____ **Route #** _____ **Application Taken By:** _____

SIC Code _____ **Existing Acct.#** _____ **Master Link** _____

Credit Limit _____ **Approved by & Date:** _____ **Denied** _____ **Denied by & Date** _____

NOTES: _____