Ken's Truck Repair, Inc.

400 N Oak St. – P.O. Box 37 Chebanse, IL 60922

Signature

Fax Application To: (815) 697-2522

Email To: accounting@kenstruckrepair.com

CREDIT APPLICATION

Legal Business Name	Trade Name-DBA	Phone #
		Fax #
Billing Address	City	State Zip Code
Shipping Address	City	State Zip Code
Business Is a: Corporation	□ LLC □ Partnership	□Proprietorship
Year Started State of	IncFederal I.D.#:	
Web Site Address:	Dun & Brad	street #
Are You a: □ Subsidiary	☐ Division (if yes, check which	1)
	Vame: Address	
		Zip:
Do you require a purchase order# bef		
A/P Contact	<u> </u>	
A/P Phone Est		
Credit Limit Requested \$		
Are Purchases For Resale? ☐ Yes [\Box No If For Resale Application M	ust Accompany Resale Certificate
Are Purchase ICC Exempt? ☐ Yes	□ No If Exempt, List ICC Number	ber
Check one: □ Principal	□ Partner □ Propri	etor
Name:	S	ocial Security#
		State: Zip:
Home Phone:		
Bank References		
Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened
Type of Account Checking No_	Saving No	Loan No
Trade References (Major Supplies)		
1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
	City, State, Zip Code attative with authority to enter into this agree act and complete. You consent to Vendor of	Account No. The ment and the information contained in this obtaining information about you personally

Date

Title