



**APPLICATION FOR OPEN CHARGE ACCOUNT**

INDIVIDUAL (If you are an individual applying for credit, you must provide your Social Security Number. You do not need to provide credit references.)

BUSINESS (If you are a business applying for credit, you must provide your federal EIN number and 3 good credit references.)

(308) 632-2911 Fax (308) 632-5634

NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ HOME: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CREDIT LIMIT DESIRED: \$ \_\_\_\_\_

BANK ACCT WITH: \_\_\_\_\_ S S #/EIN # \_\_\_\_\_

**CREDIT REFERENCES (OTHER CHARGE ACCOUNTS)** *(We MUST have name, address, phone, fax, & zip code in order to process)*

1) Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Do you pay from invoices? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require purchase orders? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay Sales Tax? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Please return a signed exempt sales tax certificate if exempt.**

We hereby represent that the foregoing statement is in all respects true, and that the same shows all our debts and liabilities, and that said statement is made for the purpose of inducing Floyd's Truck Center, Inc. to grant us an open charge account. WE AGREE TO PAY OUR OPEN ACCOUNT ON THE TENTH OF THE MONTH FOLLOWING PURCHASES.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Credit References Contacted \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Limit: \$ \_\_\_\_\_ Letter of Approval Sent \_\_\_\_\_ Yes \_\_\_\_\_ No

Account # \_\_\_\_\_ Tax Exempt Certificate Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Account Opened: \_\_\_\_\_