

P.O. BOX 2250 – DECATUR, AL 35609
 Phone: 800-332-9140 (ext. 3032)
 Fax: (256) 260-0046
 Email: ibs_credit@bibank.com



Client # _____
Date Needed _____ / _____ / _____
If Sale Pending _____
Reply to _____
Phone (____) _____ - _____
Email _____

CREDIT APPLICATION

Trade Name _____ Legal Name _____
 Physical Address _____ City _____ State _____ Zip _____
 Billing Address _____ City _____ State _____ Zip _____
 Former Address (5yr minimum) _____ City _____ State _____ Zip _____
 Job Site Address _____ Job Site Phone # (____) _____
 Phone (____) _____ - _____ Fax (____) _____ - _____ Cell (____) _____ - _____ Estimated Monthly Credit Requirement \$ _____

General Email address _____ Website _____
 Accounts Payable Email _____ Purchase Orders required? **Yes / No**
 Authorized person(s) to issue P.O. _____

I would like to receive electronic statements **Yes / No** If yes, send emailed statement to? _____
 If no, would you like to receive a paper statement? **Yes / No**
 Fed ID # _____ - _____ Business start date _____ BANKRUPTCY? **Yes / No** If yes, Year? _____

Please select one: Proprietorship Partnership, LP or LLP LLC Corporation State of Incorporation or Formation _____
 Number of trucks in fleet or operation, if applicable _____ DOT #: _____ Name and title of contact person _____
 Home Office/Parent Co. _____ City _____ State _____
 Company Principals _____ Title _____
 Additional Principals _____ Title _____

Credit guidelines are based on information received from bank(s) and references. Please provide your largest 30-day trades or unsecured creditors. Please list references related to your type business or industry. **If trade sheet and/or financial statement can be provided, please forward with credit application.**

Bank Name & Branch _____ City/State _____ Account# _____
 Bank Officer in charge of account _____ Email Address _____ Phone (____) _____ - _____

Company	City	State	Phone	Fax	Email

Annual revenues \$ _____ Year of reported revenues _____ Fiscal Year End (ex 12/31 or 06/30) _____

The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby authorize all of the persons or companies names in the application to release to Interstate Billing Service, Inc. (IBS), or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize IBS to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/We refuse to sign this application, I/We will not be considered as a candidate for credit with IBS. A credit guideline may be established at our discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney's fees. We agree not to assert any claims or defenses against the accounts purchased by you from any dealer including right of offset for invoices purchased by IBS. Receipt of payment acknowledges agreement to the terms and conditions set forth by IBS. This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agree that all claims will be brought in such Alabama State or Federal Court. I/We further waive any objection on the basis of forum non---conveniens. Nothing in the Section shall affect the right of IBS to bring any conditions set forth by IBS. Your account has been **assigned** to IBS. Make checks payable to the vendor(s). Please mail all payments c/o Interstate Billing Service, PO Box 2208, Decatur, AL 35609---2208. Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicants' responsibility to advise IBS immediately. The undersigned represents and warrants that he/she is authorized to request credit for the company and sign/submit this application.

With which vendor do you wish to charge? _____
 (Application will apply to any additional IBS clients that your company should charge with now or in the future)

Signature _____ **Title/Position** _____ **Date** _____

The undersigned (whether one or more, the "Guarantor") individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts owed to IBS.

Signature _____	Signature _____
Printed Name _____	Printed Name _____
Social Security # _____ - _____ - _____ DOB _____ / _____ / _____	Social Security # _____ - _____ - _____ DOB _____ / _____ / _____
Date _____ / _____ / _____	Date _____ / _____ / _____