



P.O. BOX 2250 – DECATUR, AL 35609-2250  
 Phone: 800-332-9140 (ext 3055)  
 Fax: (256) 260-0028  
 Email: ibsapps@bibank.com

Dealer # _____
Is Customer Waiting? Yes / No _____
Date Needed ____/____/____
If Sale Pending \$ _____
Reply to _____
Phone (____) _____ - _____

### 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 Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email address \_\_\_\_\_ Website \_\_\_\_\_

**Please select one:**  Proprietorship  Partnership, LP or LLP  LLC  Municipality  Corporation - If so, State of Incorporation \_\_\_\_\_

**Fed ID#** \_\_\_\_\_ - \_\_\_\_\_ **Business start date** \_\_\_\_/\_\_\_\_/\_\_\_\_ If applicable, what is the current number of trucks in fleet or operation \_\_\_\_\_

**Has applicant ever filed for BANKRUPTCY? Yes / No** When? \_\_\_\_\_ Estimated Monthly Credit Requirement \$ \_\_\_\_\_

Home Office/Parent Co. \_\_\_\_\_ City/State \_\_\_\_\_ Name and title of person to contact \_\_\_\_\_

Company Principals \_\_\_\_\_ Title \_\_\_\_\_

Additional Principals \_\_\_\_\_ Title \_\_\_\_\_

Purchase Orders required? Yes / No Authorized person(s) to issue P.O. \_\_\_\_\_

**Most Recent Fiscal Year End** (ex 12/31/12 or 03/31/13): \_\_\_\_\_ **Annual revenues \$** \_\_\_\_\_ **Net Profit/Loss \$** \_\_\_\_\_

Current Assets \$ \_\_\_\_\_ Current Liabilities \$ \_\_\_\_\_ Total Equity \$ \_\_\_\_\_

Credit guidelines are based on information received from bank(s) and references. Please provide your largest 30-day trades or unsecured creditors, and any companies that you have rented/leased equipment from in the past. 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 Name	City	State	Phone Number	Fax Number	Email

The above information is given for the purpose of obtaining credit. The applicant, by and through its duly authorized officer signed below, in addition to the guarantors named below (collectively "I" or "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 direct all of the creditors named in the application to release to Interstate Billing Service, Inc. (IBS), Bank Independent (BI), or its representatives, such information with regard to my/our financial condition as may be reasonably requested by IBS/BI. I/We authorize IBS/BI 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/BI. A credit guideline may be established at the discretion of IBS/BI. Applicant agrees to pay any collection costs incurred to collect any unpaid balance, including interest thereon, as allowed by state law, and any related attorney's fees. I/We agree not to assert any claims or defenses, including the right of offset against the accounts/invoices purchased by and/or assigned to IBS/BI from any dealer. My/Our use of this credit constitutes acknowledgement of and agreement to the terms and conditions set forth by IBS/BI, as such terms and conditions may change from time to time in the sole discretion of IBS/BI. 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. As required by Section 4107(d)(2) of the Small Business Jobs Act of 2010, applicant hereby certifies to IBS/BI and its affiliates that the principals of applicant and its affiliates have not been convicted of, or pleaded *nolo contendere* to, a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)). If this application is approved, your account has been **assigned** to and/or purchased by IBS/BI. Make checks payable to the dealer(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/BI immediately.

**With which dealer do you wish to charge?** \_\_\_\_\_

**(Application will apply to any additional IBS dealers 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. and Bank Independent, including reasonable attorney's fees. This guaranty applies to any and all debts owed to Interstate Billing Service, Inc. and Bank Independent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_