

WESTERN STAR OF DOTHAN

426 Merrill Road / P.O. Box 424
Dothan, AL 36302
Phone (334-793-1619)
Fax (334-699-6848)

A Subsidiary of
Truck Central of Dothan, Inc.



WESTERN STAR

Parts/Service Credit Application

Name: _____ Phone: _____ Fax: _____

Address: _____ City, State, Zip: _____

If Individual: _____

Social Security Number: _____ Driver's License Number: _____

Business Name: _____

Type of Business Organization: () Corporation () Partnership () Individual

Type of Business: _____ Federal Tax ID #: _____

Officers: President _____ V/Pres _____ Sec/Tres _____

Do you issue purchase orders? _____ Purchasing Agent? _____

Approximate Monthly Purchases Anticipated? _____

Number of years in Business? _____

Sales tax permit number: (If applicable) _____

Sales tax rate: _____ State _____ County _____ City _____

Credit References: (Must have complete names, addresses, and phone numbers)

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

Bank Account Reference:

Name: _____

Address: _____ City, State, Zip: _____

Account Number: _____ Contact: _____

Phone Number: _____ Fax Number: _____

In consideration for the granting of credit, we (I) submit the above information which you may rely on as being accurate. We (I) further authorize you to investigate any and all statements contained herein and further authorize any of our (my) creditors to release information to you regarding our (my) financial status.

In the event that an account is open, I understand the following terms:

30 days past due - account will be placed on C.O.D.

60 days past due - credit will be discontinued

90 days past due - account will be turned over to attorney for collection

Furthermore, any accounts remain unpaid thirty days from statement date will be subject to 1 1/2% finance charge.

*Signature of individual required to guarantee payment of debts by corporation and any finance charges, attorney fees, and court cost.

(For corporations only):

Corporate Name: _____

Sign Name: _____ Title: _____

Print Name: _____ Date: _____

(For individuals only):

Sign Name: _____

Print Name: _____ Date: _____