



700 East 11th Street, Austin, TX 78701  
800-727-7135 | www.texastrucking.com

# Application for Credit & Agreement

Failure to complete application in its entirety will prohibit credit being issued.

## BUSINESS INFORMATION

Legal Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business Fax# \_\_\_\_\_ How long in business at this address? \_\_\_Yrs. Business Property?  Own  Rent

Federal Tax ID# or SSN# if d/b/a \_\_\_\_\_

Tax Exempt?  Yes  No *If Yes, attach sales tax exemption certificate*

Company type  Corporation  Partnership  Sole-Proprietorship

Date of Inc. \_\_\_\_\_ Have you ever purchased from TXTA before?  Yes  No

If yes, What Location \_\_\_\_\_ Under What Business Name \_\_\_\_\_

State Trucking Association Affiliation \_\_\_\_\_

## NAME OF OWNERS OR PRINCIPALS

1) Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Bank Name \_\_\_\_\_ Location \_\_\_\_\_

Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Bank Officer Name \_\_\_\_\_

Please designate your authorized buyers/signers (if any), for the pick-up or delivery of tires and/or supplies.

A) \_\_\_\_\_

B) \_\_\_\_\_

Your company is responsible for all purchases made by anyone representing your company and/or anyone posing as a representative of your company.

## LIST OF TRADE REFERENCE SUPPLIERS

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

## CREDIT CARD INFORMATION

American Express     Discover     MasterCard     VISA

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*Credit card information is required. In the event your account is not paid in a timely basis (net 30 days), any outstanding balance may be charged on the credit card.*

### Credit Request

Please provide an estimate of your monthly tire purchases: \$ \_\_\_\_\_

### TXTA National Account Information

Please provide the name, address, and phone number of the primary tire dealer you plan to utilize under this account.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I/We herein make application to Texas Trucking Association (TXTA) for credit. I am (we are) authorized in my (our) capacity to bind our firm accordingly. If credit is granted I (we) promise to pay all bills according to the terms Net Due 30 Days. In the event payment is not made and this account is referred for collection, I (we) will pay the cost of collection equal to a minimum amount of twenty-five (25%) percent of the principal amount and interest on any unpaid balance charged at the highest rate allowed by law, currently 1.5% per month. Applicant agrees to pay reasonable attorney fees and all associated costs if suit or action becomes necessary, accordingly applicant agrees that venue will be in Travis County, Texas. Applicants give their permission to TXTA and/or its agents to verify and/or supplement the information stated herein. Applicant agrees to notify TXTA of any changes of business ownership or authorized buyers by certified mail to the corporate headquarters at the above address and to be responsible for the payment of bills for all products/services provided.

By \_\_\_\_\_ Date \_\_\_\_\_  
*Authorized Signature*

Print Name \_\_\_\_\_ Title \_\_\_\_\_



# APPLICATION FOR OPENING TIRE PURCHASE ACCOUNT



Business Name				Phone		Date of Application	
PO Box	Street		City		State	Zip	County
Fleet Manager Name			Accounts Payable Contact		In Case of Billing Problems Contact		

BRAND OF TIRES INTERESTED IN PURCHASING		
___ Michelin	___ BF Goodrich	___ Yokohama

PASSENGER	LIGHT TRUCK
Annual New Tire Unit Purchases	Annual New Tire Unit Purchases
INDUSTRIAL / TRUCK	OTR / EARTHMOVER
Annual New Tire Unit Purchases	Annual New Tire Unit Purchases

INFORMATION REQUIRED BY DEALER ON DELIVERY RECEIPT
1. Driver's Printed Name /Signature 2. License Plate No. & State 3. Vehicle No. (if applicable) 4. Vehicle Make and Model 5. Vehicle Mileage

BILLING INSTRUCTIONS (INVOICE TO)		
Direct Invoices to (name)	Email address	
<b>FURTHER BILLING INSTRUCTIONS OR OTHER REQUIRED INFORMATION SHOULD BE ATTACHED</b>	<b>APPLICABLE SALES TAX WILL BE CHARGED UNLESS EXEMPTION CERTIFICATE(S) ARE ATTACHED</b>	
Authorized signature of the account constitutes a representation by the account of truth and accuracy of all statements on this application.		
Request originated by (Name/Title)	Date	Authorized signature