



**Truck Leasing**

**1-888-304-6225**

**8059 Route 22 - Po Box 707  
New Alexandria, PA 15670**

**www.WattsTruckCenter.com  
Fax: 724-668-8173**

## Credit Application

Name\_\_\_\_\_Date\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Telephone Number\_\_\_\_\_Fax\_\_\_\_\_

Corporation\_\_\_\_\_General Partnership\_\_\_\_\_LTD Partnership\_\_\_\_\_

Individual\_\_\_\_\_Number of Trucks\_\_\_\_\_

Sales Tax Exempt\_\_\_\_\_Yes\_\_\_\_\_No If Yes, Tax #\_\_\_\_\_

Purchase Orders Used?\_\_\_\_\_Yes\_\_\_\_\_No

Approximate gross revenue per month \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

How long at present address?\_\_\_\_\_

Do you maintain a bank account?\_\_\_\_\_Checking\_\_\_\_\_Savings

At what bank?\_\_\_\_\_

List three (3) current credit references (Not Banks)

Name(s) 1.\_\_\_\_\_2.\_\_\_\_\_3.\_\_\_\_\_

Address 1.\_\_\_\_\_2.\_\_\_\_\_3.\_\_\_\_\_

City/State 1.\_\_\_\_\_2.\_\_\_\_\_3.\_\_\_\_\_

Phone 1.\_\_\_\_\_2.\_\_\_\_\_3.\_\_\_\_\_

Fax 1.\_\_\_\_\_2.\_\_\_\_\_3.\_\_\_\_\_

Terms of open account: Net by the 10<sup>th</sup>. Account to be paid in full each month unless extension of credit is otherwise granted.

All invoices not paid in 30 days are subject to a 1 ½% per month (18% annual) service charge.

All accounts over 60 days will be placed on COD.

Customer Signature\_\_\_\_\_Date\_\_\_\_\_

Customer Name – Printed\_\_\_\_\_

**Office Use - Do not write below line**

Approved By:\_\_\_\_\_

Credit Limit\_\_\_\_\_