



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 10th. 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 _____