



LEASING CREDIT APPLICATION

Applicant, business & banking information

1-888-304-6225 | Fax: 724-668-8173 | office@wattstruck.com

8059 Route 22 - PO Box 707 | New Alexandria, PA 15670

www.WattsTruckCenter.com

01 APPLICANT INFORMATION

NAME

DATE

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

FAX

02 BUSINESS INFORMATION

BUSINESS TYPE

☐ 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?

03 BANKING INFORMATION

DO YOU MAINTAIN A BANK ACCOUNT?

ACCOUNT TYPE

☐ Checking

☐ Savings

AT WHAT BANK?



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Credit references, account terms & authorization

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04 CREDIT REFERENCES

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

01 CREDIT REFERENCE

NAME(S)

ADDRESS

CITY / STATE

PHONE

FAX

02 CREDIT REFERENCE

NAME(S)

ADDRESS

CITY / STATE

PHONE

FAX

03 CREDIT REFERENCE

NAME(S)

ADDRESS

CITY / STATE

PHONE

FAX

05 ACCOUNT TERMS & CUSTOMER AUTHORIZATION

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 1/2% 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