



CREDIT APPLICATION

Customer Trade Name/Business Name:

Customer Legal Name:

Street Address (physical address, no PO BOXES):

City:

State:

Zip Code:

Mailing Address (if different from physical address):

Business Phone:

Business Fax:

Mobile Phone:

Contact Person:

Email:

Phone (if different):

Business Form (select one):

- Limited Liability Partnership
 Limited Liability Company
 Limited Partnership
 Corporation
 General Partnership
 Proprietorship

Tax ID/FEIN Number:

Social Security Number:

Date Business Started:

Amt. of credit requested:

Has the firm or any of its Principals ever been bankrupt (must select one)?

- YES NO

If YES, please provide details:

Name and Address of all General Partners and/or Members, Principal Shareholders, Principal Operating or Individual Proprietor, please also list percentage of ownership (if more space required list under "Other" section):

NAME #1:	SOCIAL SECURITY NUMBER:	PERCENT OWNED:
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME #2:	SOCIAL SECURITY NUMBER:	PERCENT OWNED:
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME #3:	SOCIAL SECURITY NUMBER:	PERCENT OWNED:
<input type="text"/>	<input type="text"/>	<input type="text"/>



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ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME #4:	SOCIAL SECURITY NUMBER:	PERCENT OWNED:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank/Lender References:

BANK NAME #1:	PHONE:	FAX:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK NAME #2:	PHONE:	FAX:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK NAME #3:	PHONE:	FAX:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trade/Credit References:

NAME #1:	PHONE:	FAX:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME #2:	PHONE:	FAX:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME #3:	PHONE:	FAX:	ACCOUNT NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS ARE AS FOLLOWS:

PARTS:



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- Net 30 days: Past due accounts over 30 days will be charged interest. A 20% restock charge applies to all returns. No returns after 30 days. Receipts are required.

SERVICE:

- Net 30 days: Past due accounts 30 days or over will be charged interest.

RENTAL:

- Net 30 days unless otherwise stated on invoice. Past due accounts 30 days or over will be charged interest.

SALES:

- Due upon receipt unless financed.

In the event that payment to Tracey Road Equipment, Inc. is received in the form of a check or draft, purchaser shall receive immediate credit for the amount included therein, provided that if any check is returned due to the lack of sufficient funds in purchaser's account or is refused by the bank for any reason, the credit previously entered on the record shall be considered null and void. A service charge of \$35.00 shall be applied to the account of the purchaser in the event of any returned check.

CERTIFICATION AND AGREEMENT:

The customer (identified at the beginning of this credit application) hereby certifies to Tracey Road Equipment, Inc. and agrees that:

- Full and timely payment will be made for all goods purchased from Tracey Road Equipment, Inc.
- In the event that all monies owed to Tracey Road Equipment, Inc. are not paid in full on or before the date due, then a finance charge shall accrue on said unpaid amounts at the rate of one and one-half percent (1.5%) thereof per month until said sums are paid in full
- The customer hereby grants to Tracey Road Equipment, Inc. a security interest in an upon all of the customer's inventory, equipment and accounts, and all proceeds thereof, whensoever acquired, in consideration of and to secure the repayment of any and all monies owed by the customer to Tracey Road Equipment, Inc. now or at any time hereafter, and Tracey Road Equipment, Inc. may file financing statements recording this security interest
- The customer shall reimburse and indemnify Tracey Road Equipment, Inc. , including , without limitation, reasonable attorneys' fees, court costs and other collection costs
- All information contained on this application is correct and accurate
- Tracey Road Equipment, Inc., may discontinue and terminate such credit as to future transactions at any time without notice for any or no reason
- At the option of Tracey Road Equipment, Inc., all money owed by customer to Tracey Road Equipment, Inc., within ten (10) days of the date when due; and



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h. APPLICANT AND EACH OTHER PERSON SIGNING BELOW WARRANTS THAT THE INFORMATION PROVIDED HEREIN OR IN CONNECTION WITH THIS APPLICATION IS TRUE AND CORRECT AND AUTHORIZES THE RELEASE OF SUCH INFORMATION TO TRACEY ROAD EQUIPMENT, INC. AND /OR ANY PARTY WHICH MAY PROVIDE CREDIT TO APPLICANT, WHETHER HEREIN OR PURSUANT TO A SUBSEQUENT APPLICATION OR REQUEST, TO OBTAIN BANKS, CREDIT BUREAUS AND OTHER CREDITORS, ALL OF WHICH HEREBY AUTHORIZED TO RELEASE ANY CREDIT/FINANCIAL INFORMATION CONCERNING APPLICANT OR SUCH OTHER PERSON (INCLUDING PERSONAL CREDIT BUREAUS) AS SUCH PARTY MAY DEEM APPROPRIATE, AND TO SHARE ALL SUCH INFORMATION WITH THE OTHER.

AGREED TO BY:

Sign Here 

PERSONAL GUARANTY:

In consideration of the extension of credit by Tracey Road Equipment, Inc. to the customer and of said customer's indebtedness to Tracey Road Equipment, Inc., the undersigned hereby unconditionally guarantees the immediate payment when due of all monies at any time by said customer to Tracey Road Equipment, Inc. The obligation of the undersigned shall not be terminated or changed in any respect notwithstanding any circumstances or occurrence whatsoever which otherwise might terminate or change the obligation of the customer. The undersigned hereby consents and agrees to all of the terms and provisions of the above "Certification and Agreement" as if fully set forth herein. Without limitation of the foregoing, the undersigned all unconditionally guarantees the payment by the aforesaid customer to Tracey Road Equipment, Inc. of any and all finance charges, attorneys' fees and collection costs. The undersigned shall be personally obligated and liable hereon regardless of the inclusion hereunder of a corporate name or office. The term "undersigned" shall mean each person whose signature appears below regardless of number or gender. The undersigned hereby grants Tracey Road Equipment, Inc. and / or any party which may provide credit to applicant permission to check the undersigned's credit with any listed bank and trade references and /or appropriate credit reporting agencies.

AUTHORIZED SIGNATURE

****If more than 1 signer required, enter their information, *email address required*, a copy of the contract will be emailed to them for signature and completion of application****

NAME #1:	SOCIAL SECURITY NUMBER:	EMAIL:
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		ZIP:
		<input type="text"/>



Sign Here 

NAME #2:	SOCIAL SECURITY NUMBER:	EMAIL:
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE: ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
NAME #3:	SOCIAL SECURITY NUMBER:	EMAIL:
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	CITY:	STATE: ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

NOTICE

If your application for business credit is denied you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Credit and Collection Coordinator at the address below within 60 days from the date you are notified of the decision. We will send a written statement of the reasons for the denial within 30 days from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract): because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this Lender is the FTC Region Office for the region in which the Lender operates or the Federal Trade commission, Equal Credit Opportunity, Washington, DC 20580