

HARMON

TRUCK SERVICE

1411 South Service Rd. West Sullivan, MO 63080 PH: (573)468-5138 FAX: (573)468-8724

Harmon Truck Service Credit Application Process

- Please provide at least 3 references with address, phone numbers, fax and email address.
- If qualified, your tax exempt form must be attached or the appropriate sales tax will be charged.
- A valid signature must be on our credit application.
- Return credit application form via fax OR email to susanne@harmontruck.com

Harmon Truck Service payment terms are Net 10
(if approved and customer's terms are not accepted.)

All invoices will be emailed or faxed to you.

Please remit all payments to:

**Harmon Truck Service
PO BOX 130
Sullivan, MO 63080**

(The remit to address is only for payments.)

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TRUCK SERVICE

CONFIDENTIAL CREDIT APPLICATION

DATE: _____

STATUS: NEW EXISTING CASH CUSTOMER CHANGE

CUSTOMER NAME: _____ BRANCH: _____

CUSTOMER NO: _____ CSM or REP: _____

ADDRESS

NAME: _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

COUNTRY: _____

TELEPHONE: _____

FAX: _____

ADDRESS TYPE: (check all that apply)

Corporate Address

Purchase Order

Monthly Statement Needed

CONTACT: _____

EMAIL: _____

AP CONTACT: _____

AP PHONE: _____

AP EMAIL: _____

INVOICE & STATEMENTS EMAIL: _____

email invoice & statement address

SHIPPING ADDRESS

NAME: _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

COUNTRY: _____

TELEPHONE: _____

FAX: _____

CONTACT: _____

EMAIL: _____

BANK INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

COUNTRY: _____

TELEPHONE: _____

FAX: _____

ACCOUNT #: _____

ABA#: _____

CONTACT: _____

EMAIL: _____

VENDOR PRINCIPAL TITLE & CONTACT INFORMATION

CHIEF EXECUTIVE OFFICER/CEO NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CHIEF FINANCIAL OFFICER/CFO NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

DIRECTOR or VP OPERATIONS NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

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TRUCK SERVICE

COMMERCIAL TRADE REFERENCES (provide 3)

NAME	ADDRESS	CITY	STATE&ZIP	TELEPHONE	FAX

CORPORATE INFORMATION

VENDOR TAX STATUS (Select one and complete all of corresponding information):

Legal name of corporation or entity if different: _____

State Incorporated: _____

Employer Tax ID Number: _____

- Corporation Proprietorship Tax Exempt Charity under 501(a) or IRA
 LLC Partnership A foreign government or any of its political subdivisions
 The United States Government or any of its agencies or instrumentalities
 A state, the District of Columbia, a possession of the US, or any of their political subdivisions

No of year in business: _____

Nature of business: _____

TAX EXEMPTION CERTIFICATE MUST BE ATTACHED

Customer certifies under penalty of perjury that the tax identification number and information that has been provided is correct.

VENDOR DUN & BRADSTREET (DUNS) NUMBER: _____

Harmon Truck Service is authorized to contact any references or banks listed above as in deems appropriate. By signing this application you agree to pay for all GOODS & SERVICES PURCHASED IN ACCORDANCE WITH THE TERMS AND CONDITIONS INVOICE. As part of our annual review we may require financial statements and it is understood that any information so obtained be used solely for granting credit. Service charges at the highest rate permitted by law will be applied to past due accounts. Standard terms are NET 10.

SHOULD IT BECOME NECESSARY TO COLLECT THIS ACCOUNT THROUGH AN ATTORNEY, BY LEGAL PROCEEDINGS, OR OTHERWISE, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. S

GUARANTOR SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____

FINANCIAL STATEMENTS ATTACHED _____

FOR INTERNAL USE ONLY

Monthly Volume: _____

Vehicare: _____

Customer Notified: _____