



**LA CROSSE TRUCK CENTER, INC.**  
**P. O. Box 1176 La Crosse, WI 54602-1176 608-785-0800**  
**CREDIT APPLICATION**



FAX TO: (608) 784-2533, Attn: Bill Adams, and mail original to the above address.

Date \_\_\_\_\_

Full Company or Individual Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Type of business:** ( ) Corporation ( ) Partnership ( ) Individual ( ) Other Principal Activity \_\_\_\_\_

Name of Owner/Shareholder: \_\_\_\_\_ SS or Fed ID # \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax # \_\_\_\_\_

State Incorporated \_\_\_\_\_ Year \_\_\_\_\_ Years in Business \_\_\_\_\_ Purchase Orders Required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you tax-exempt? \_\_\_\_\_ If yes, please attach a tax-exemption certificate.

**FINANCIAL INFORMATION**

Name of Principal Bank & Contact Person \_\_\_\_\_

Address & Telephone Number \_\_\_\_\_ Account # \_\_\_\_\_

Credit Card Information:(Company Name) \_\_\_\_\_ (Number) \_\_\_\_\_ (Expiration Date) \_\_\_\_\_

(How long held card) \_\_\_\_\_ ? I agree that past-due balances will be charged to the above credit card. \_\_\_\_\_ Yes

Have you ever filed bankruptcy in this or any other business? If yes, under what name and date?

**TRADE REFERENCES**

<u>Name</u>	<u>Complete Address</u>	<u>Phone #</u>	<u>Fax#</u>	<u>Relationship</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**NOTE:** This application is made with the understanding and agreement that credit terms are net 30. All credit purchases will be subject to a **LATE CHARGE OF 1½% PER MONTH (18% ANNUAL PERCENTAGE RATE)** if not paid within 30 days of invoice date. In the event it becomes necessary to place this account for collection, I agree to be liable for the costs of collection, including attorney and accounting fees, court costs, and disbursements, and that the appropriate jurisdiction shall be La Crosse County, Wisconsin. La Crosse Truck Center, Inc. has the right to limit the amount of credit extended. I hereby authorize La Crosse Truck Center, Inc. to obtain the necessary credit information to substantiate this application. All information will be handled in a confidential manner.

Signed \_\_\_\_\_ Title \_\_\_\_\_

**SECURITY INTEREST**

I, \_\_\_\_\_, for and in consideration of your extending credit to \_\_\_\_\_ (*Name of Company*), hereinafter referred to as the "Company", of which I am \_\_\_\_\_ (*Title*), hereby grant La Crosse Truck Center, Inc. a **security interest** in all assets that are purchased by the Company. I understand that, by signing this document, I am obligating the Company to agree that La Crosse Truck Center, Inc. is authorized and permitted to file a UCC financing statement and a valid security interest against all assets that are purchased by the Company. Indicated by my signature below, I agree to grant La Crosse Truck Center, Inc. a security interest in exchange for the financing of purchases by La Crosse Truck Center, Inc.

Signed \_\_\_\_\_ Title \_\_\_\_\_

**PERSONAL GUARANTEE**

I, \_\_\_\_\_, for and in consideration of your extending credit to \_\_\_\_\_, (*Name of Company*), hereinafter referred to as the "Company", of which I am \_\_\_\_\_ (*Title*), hereby **personally guarantee** payment to La Crosse Truck Center, Inc. at La Crosse, Wisconsin, of any obligation of the Company for all purchases including service work, body work, and parts billed to the Company, and I hereby bind myself to pay to you on demand any such sum due to you by the Company whenever the Company shall fail to pay the said sum. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. **NOTE:** I do hereby waive notice of default and nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. In the event it becomes necessary to place this account for collection, I agree to be liable for the costs of collection, including attorney and accounting fees, court costs, and disbursements; to be subject to the laws of the state of Wisconsin; and that the appropriate venue shall be La Crosse County, Wisconsin.

Signed \_\_\_\_\_ (as personal guarantor) \_\_\_\_\_ (Address & Telephone)

Signed \_\_\_\_\_ (as personal guarantor) \_\_\_\_\_ (Address & Telephone)

Monthly statements and all correspondence should be addressed to:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Credit Limit \_\_\_\_\_ Code \_\_\_\_\_