



**Professional Truck Services,
Leasing and Transport**

APPLICATION FOR CREDIT

NAME: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

TYPE: CORPORATION PARTNERSHIP INDIVIDUAL IF INCORPORATED, STATE? _____

OFFICERS: PRESIDENT: _____ VICE PRESIDENT: _____

SECRETARY: _____ TREASURER: _____

INDIVIDUAL S.S.#: _____ or FEDERAL I.D. #: _____

BANK: _____ ACCT # _____ CONTACT: _____

ADDRESS: _____

EVER FILED BANKRUPTCY? _____ IF YES, WHEN? _____

CREDIT REFERENCES (INCLUDE COMPLETE NAME, ADDRESS, PHONE & FAX NUMBER)

1) _____

2) _____

3) _____

The undersigned applicant herein authorized DDA Services, Inc. and its' employees and agents to obtain credit information from the above named sources, as well as others as necessary, and herein authorize all persons and firms to release credit information to DDA Services, Inc. The undersigned applicant clearly understands and agrees to the following terms:

- 1) All accounts are strictly a 15-day charge account and not an extended credit account.
- 2) All amounts charged to this account will be paid according to terms.
- 3) Any outstanding balance past 30 days is subject to a finance charge equal to 1.5% delinquency fee (18% APR) on the unpaid balance.
- 4) Any account 30 days past due may be subject to being placed on a C.O.D. basis.
- 5) Applicant will advise DDA Services, Inc. immediately upon any change of business status, ownership, address or phone number.
- 6) If applicant is a Corporation or Partnership, the undersigned individual is authorized to sign this application on behalf of said business and further personally guarantee full payment on this account.

SIGNATURE OF OWNER/CORPORATE OFFICER _____ PRINT NAME _____ DATE _____

APPLICANT'S HOME ADDRESS AND PHONE #: _____