

Application for an Open Account With



CARDINAL INTERNATIONAL TRUCKS

1526 South Blount Street, Raleigh, NC 27603 P.O. Box 26837, Raleigh, NC 27611
P: (919) 832-5871 x776 F: (919) 832-4591 khayes@cardinalinternationaltrucks.com

Company Name: _____ Corp__ Individual__ Partnership__

Name of Owner(s): _____

Corporate ID# or SSN#: _____ E-Mail: _____

Billing Address: _____

Physical Address(if different): _____

Office Ph: _____ Fax: _____ Cell: _____ Home: _____

Date Business Started: _____ Nature of Business: _____

Trade References (Open accounts similar to our business)

Name: _____ Ph: _____ Fax: _____

Name: _____ Ph: _____ Fax: _____

Name: _____ Ph: _____ Fax: _____

Credit Limit Requested: _____

Sales Tax Exempt? Yes No (If yes, please furnish certificate)

Purchase Orders Required? Yes No Account paid by: Invoice Statement

Payables Person: _____ Ph: _____ E-mail: _____

Name(s) of authorized personnel to sign for parts and service:

I/We understand that the open account with Cardinal International Trucks is for convenience purposes and that this application is made with the understanding, and agreement that all charges for parts and service work will be due and payable by the 10th of the following month during which purchases were made(Net 10th). A monthly service charge of 2% per month will be paid on account balances that are past due. It is also understood that we are responsible to pay for all finance charges and collection expenses, including reasonable attorney's fees if necessary to collect past due balances. If the application is being made on behalf of a corporation, I agree to be personally responsible for all charges and fees agreed to.

The undersigned authorizes Cardinal International Trucks to verify the above credit information and to take reasonable action to verify the responsibility of the above-names applicant in accordance with acceptable credit practices and hereby authorizes the release of such information as is necessary to establish credit.

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Office Use Only

Received: Reference 1__ 2__ 3__ Tax Exemption Form:__

Approved by: _____ Date: _____ Account #: _____ Limit: _____