



LA CROSSE TRUCK CENTER MACK

205 CAUSEWAY BLVD, LA CROSSE, WI 54603



CREDIT APPLICATION

Email to accounting@lacrossetruck.com, or FAX TO:(608) 784-1147, or send to: 3959 N. Kinney Coulee Rd., La Crosse, WI 54601

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?

CREDIT REFERENCES

<u>Name</u>	<u>Complete Address</u>	<u>Phone #</u>	<u>Email or Fax #</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 Mack has the right to limit the amount of credit extended. I hereby authorize La Crosse Truck Center Mack 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 Mack 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 Mack 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 Mack a security interest in exchange for the financing of purchases by La Crosse Truck Center Mack .

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 Mack 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)

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Monthly statements and all correspondence should be addressed to:

NAME _____ ADDRESS _____

FOR OFFICE USE ONLY:

Approved _____

Date

By

Credit Limit

Code