



2575 St. Rd. 84 Fort Lauderdale, FL 33312  
 Phone: (954) 957-8390 credit@rechtien.com

### Credit Application

#### ACCOUNTS PAYABLE CONTACT INFORMATION

Name of A/P contact:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

#### BUSINESS AND CREDIT INFORMATION

Business Name			
Address:	City:	State/Zip:	
How long at current address?			
Telephone:	Fax:	Email:	
Bank name:			
Bank address:	Phone:	Fax:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

#### BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

#### ACCOUNT REQUIREMENTS

Purchase Orders:	Will Be Furnished	<input type="checkbox"/>	Not Furnished	<input type="checkbox"/>
Purchase Order Requirements: (ex: prefixes/suffixes)				
Corporate I.D. Number:				
Sales Tax Exemption Number:				
Persons Authorized to Make Purchases:				

**AGREEMENT**

1. This application is made with the understanding, and agreement, that all charges for parts and service work will be due and payable net 10<sup>th</sup> proxy, this includes all purchase appearing on the current month's statements, which are due and payable by the 10<sup>th</sup> day of the following month.
2. A monthly service charge of one and one half per cent will be paid on account balances which are past due.
3. Express mechanic's and repairman's liens are acknowledged as to monies owed for all work performed and materials supplied. We agree to pay all costs, including reasonable attorney's fees, incurred in enforcing any of your rights or in collecting amounts due, whether collected by suit or otherwise.
4. By signing below, I represent and warrant that I am authorized to open accounts on behalf of the applicant.
5. By submitting this application, you authorize Rechten International Trucks to make inquiries into the banking and business/trade references that you have supplied.

**GENERAL INFORMATION**

Rechten Store: \_\_\_\_\_ Credit Amount Requested: \_\_\_\_\_

Rechten Dealer Contact: \_\_\_\_\_

Parts & Service

Rent

**BUSINESS PROFILE (OPTIONAL)**

FLEET  SHOP  DISTRIBUTOR  OTHER: \_\_\_\_\_

**FLEET PROFILE (OPTIONAL)**

Total Number Trucks	Total Number Tractors	Total Number Trailers	Total Number Buses	Average monthly parts purchases
_____	_____	_____	_____	\$ _____

**SIGNATURES**

**MUST BE OFFICER OF COMPANY**

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED**

Approved: Secretary-Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Concur: General Manager: \_\_\_\_\_

Assigned Account Number: \_\_\_\_\_

Customer Code: \_\_\_\_\_

Credit Limit: \_\_\_\_\_