



P.O. BOX 2250, Decatur, AL 35609  
 Phone: 800.332.9140 (ext. 3032)  
 Fax: 256.260.0046  
 Email: ibs\_credit@bibank.com



CLIENT # \_\_\_\_\_  
 Date Needed \_\_\_\_\_  
 If Sale Pending \_\_\_\_\_  
 Reply To \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

## CREDIT APPLICATION

Trade Name of Applicant \_\_\_\_\_ Legal Name of Applicant \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Former Address (5yr minimum) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Job Site Address \_\_\_\_\_ Job Site Phone # \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Estimated Monthly Credit Requirement \$ \_\_\_\_\_  
 General Email Address \_\_\_\_\_ Website \_\_\_\_\_  
 Accounts Payable Email \_\_\_\_\_ Purchase Orders required? Yes / No \_\_\_\_\_  
 Authorized person(s) to issue P.O. \_\_\_\_\_  
 I/We would like to receive electronic statements Yes / No If yes, send emailed statement to: \_\_\_\_\_  
 If no, I/we would like to receive a paper statement. Yes / No \_\_\_\_\_  
 Fed Business No. \_\_\_\_\_ Business start date \_\_\_\_\_ BANKRUPTCY? Yes / No If yes, Year? \_\_\_\_\_  
 Please select one:  Proprietorship  Partnership or LP  Corporation Jurisdiction of Incorporation or Formation \_\_\_\_\_  
 Number of trucks in fleet or operation, if applicable \_\_\_\_\_ DOT #: \_\_\_\_\_ Name and title of contact person \_\_\_\_\_  
 Home Office/Parent Co. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Company Principals \_\_\_\_\_ Title \_\_\_\_\_  
 Additional Principals \_\_\_\_\_ Title \_\_\_\_\_

Credit guidelines are based on information received from bank(s) and references. Please provide your largest 30-day trades or unsecured creditors. Please list references related to your type business or industry. **If trade sheet and/or financial statement can be provided, please forward with credit application.**

Bank Name & Branch \_\_\_\_\_ City/State \_\_\_\_\_ Account# \_\_\_\_\_  
 Bank Officer in charge of account \_\_\_\_\_ Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Company	City	State	Phone	Fax	Email

Annual revenues \$ \_\_\_\_\_ Year of reported revenues \_\_\_\_\_ Fiscal Year End (ex 12/31 or 06/30) \_\_\_\_\_

The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby authorize all of the persons or companies names in the application to release to Interstate Billing Service, Inc. (IBS), or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize IBS to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/We refuse to sign this application, I/We will not be considered as a candidate for credit with IBS. A credit guideline may be established at our discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney's fees. We agree not to assert any claims or defenses against the accounts purchased by you from any dealer including right of offset for invoices purchased by IBS. Receipt of payment acknowledges agreement to the terms and conditions set forth by IBS. This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agree that all claims will be brought in such Alabama State or Federal Court. I/We further waive any objection on the basis of forum non-conveniens. Nothing in the Section shall affect the right of IBS to bring any conditions set forth by IBS. Your account has been assigned to IBS. Make checks payable to the vendor(s). Please mail all payments c/o Interstate Billing Service, PO Box 2208, Decatur, AL 35609-2208. Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicants' responsibility to advise IBS immediately. The undersigned represents and warrants that he/she is authorized to request credit for the company and sign/submit this application.

With which vendor do you wish to charge?  Cedar Rapids 1508  Davenport 1511  Iowa City 1512  Des Moines 1513  Burlington 1514  
 (Application will apply to any additional IBS clients that your company should charge with now or in the future)

Signature \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

The undersigned (whether one or more, the "Guarantor") individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts owed to IBS.

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ DOB \_\_\_\_\_  
 Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Social Security # \_\_\_\_\_ DOB \_\_\_\_\_  
 Date \_\_\_\_\_