



3050 Birmingham Highway  
P.O. Box 9595  
Montgomery, AL 36108  
(334) 263-3809 Office  
(334) 263-6456 Fax  
[www.trailerservice.net](http://www.trailerservice.net)

Attention: \_\_\_\_\_

Company: \_\_\_\_\_

Contact #: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

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

*We appreciate your interest in opening an account with our company. In order to process your application for credit promptly, the following information must be provided:*

1. **Please complete the entire credit application with accurate information.**
2. **Attach a copy of your Sales Tax Exemption Certificate or complete the Uniform Sales & Use Tax Certificate attached, if your company is Sales Tax Exempt.**

*Tax will be charged to the account if we do not receive this information.*

3. **Accounts Payable Contact Information. Please check how you would like to receive your invoices and statements.**

*This is very important information. I need to make sure I'm submitting your bill to the correct person and/or place for payment to avoid late fees or even a credit hold against your account due to failure of payment.*

4. **Provide 3 business references with which you have an established credit account with, not cash accounts. Provide a FAX or EMAIL ADDRESS; I do not need telephone numbers.**

*Failure to provide the correct contact information will delay processing.*

5. **Sign the application and print name clearly. Must be an authorized representative of your company. Application will not be reviewed without a signature.**

6. **Email, Fax or Mail the completed credit application and required documents to Summer Bethea:**

[summer@trailerservice.net](mailto:summer@trailerservice.net)

Fax (334) 263-6456

P.O. Box 9595 Montgomery, AL 36108

*Once I've received the credit reference verifications back from the trade businesses you provided, your application will be submitted to our General Manager for review and approval. I will then notify you by phone, email or fax if your application has been approved or denied. You can contact me any time to check the status of your application or if you have any questions or concerns. Thank you again for choosing Trailer Service for your parts and repair needs.*

Sincerely,

*Summer Bethea*

Summer Bethea  
Accounting Department



# APPLICATION FOR CREDIT

Trailer Service, Inc.  
3050 Birmingham Hwy / P.O. Box 9595 Montgomery, AL 36108  
Office (334) 263-3809 Fax (334) 263-6456  
Website: www.trailerservice.net Email: summer@trailerservice.net

Business Legal Name: \_\_\_\_\_

Business Classification:  Corporation  Partnership  Individual  LLC Years in Business or Established: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
# Street City State ZIP

Mailing Address: \_\_\_\_\_  
# Street City State ZIP

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is your company Sales Tax Exempt? NO or YES Sales Tax Exemption #: \_\_\_\_\_ (Copy of certificate is required to remove tax)

Federal ID #: \_\_\_\_\_ Purchase Order Number Required? NO or YES (Please list special instructions/requirements on a separate page)

### Business Owners/Managers/Authorized Users of Account:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone/Fax or Email

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone/Fax or Email

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone/Fax or Email

A/P Contact Name: \_\_\_\_\_ Direct Contact: \_\_\_\_\_  
Phone/Email

### PLEASE SELECT how you would like to receive your companies invoices and statements:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <u>EMAIL</u> INVOICE(S) & STATEMENT | <input type="checkbox"/> <u>EMAIL</u> INVOICE(S) ONLY | <input type="checkbox"/> <u>EMAIL</u> STATEMENT ONLY |
| <input type="checkbox"/> <u>MAIL</u> INVOICE(S) & STATEMENT  | <input type="checkbox"/> <u>MAIL</u> INVOICE(S) ONLY  | <input type="checkbox"/> <u>MAIL</u> STATEMENT ONLY  |

AP Mailing Address (If different from address above): \_\_\_\_\_

### Business References:

Bank Name & Address: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

### Trade References (Unsecured creditors such as part houses, tire dealers, etc. No Cash Accounts. DO NOT LIST PHONE #'s, please provide a FAX # or Email Address)

1. Business Name & Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

2. Business Name & Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

3. Business Name & Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

By signing this agreement the customer agrees to all terms and conditions as set forth. Terms of sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice, payment is due the 10th of the month following date on invoice. The customer hereby agrees to pay all costs of collection or legal fees should action be necessary due to non-payment including; attorney's fees, court costs, collection agency fees, etc. If payment is not received on the account in accordance with the terms, Trailer Service, Inc. has the authority to refuse service requested until payment is received in full. A charge of \$30.00 will be posted to the account on each returned NSF check. Customer agrees to notify Trailer Service in writing or other form of communication if any of the above information should change or if payment can not be made in full. Alabama state law requires a valid Sales and Use Tax Resale Exemption Certificate on file if your business is tax exempt. If Trailer Service does not receive a valid certificate the account will be charged sales tax. Returns and exchanges made must be accompanied by the invoice from original sale. The above information is willingly supplied, Trailer Service, Inc. is free to contact the above bank and trade references to obtain credit information in order to establish the creditworthiness of the above named applicant.

Signature of Authorized Representative \_\_\_\_\_

Print Name & Position \_\_\_\_\_

Date \_\_\_\_\_

## UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2-4)
- Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

| State              | State Registration, Seller's Permit, or ID Number of Purchaser | State              | State Registration, Seller's Permit, or ID Number of Purchaser |
|--------------------|--|--------------------|--|
| AL <sup>1</sup>    | _____  | MO <sup>16</sup>   | _____  |
| AR                 | _____  | NE <sup>17</sup>   | _____  |
| AZ <sup>2</sup>    | _____  | NV                 | _____  |
| CA <sup>3</sup>    | _____  | NJ                 | _____  |
| CO <sup>4</sup>    | _____  | NM <sup>4,18</sup> | _____  |
| CT <sup>5</sup>    | _____  | NC <sup>19</sup>   | _____  |
| DC <sup>6</sup>    | _____  | ND                 | _____  |
| FL <sup>7</sup>    | _____  | OH <sup>20</sup>   | _____  |
| GA <sup>8</sup>    | _____  | OK <sup>21</sup>   | _____  |
| HI <sup>8,9</sup>  | _____  | PA <sup>22</sup>   | _____  |
| ID                 | _____  | RI <sup>23</sup>   | _____  |
| IL <sup>4,10</sup> | _____  | SC                 | _____  |
| IA                 | _____  | SD <sup>24</sup>   | _____  |
| KS                 | _____  | TN                 | _____  |
| KY <sup>11</sup>   | _____  | TX <sup>25</sup>   | _____  |
| ME <sup>12</sup>   | _____  | UT                 | _____  |
| MD <sup>13</sup>   | _____  | VT                 | _____  |
| MI <sup>14</sup>   | _____  | WA <sup>26</sup>   | _____  |
| MN <sup>15</sup>   | _____  | WI <sup>27</sup>   | _____  |

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

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

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