



Credit Application

Confidential

Date: _____

Account #: _____

130 Creekside Drive • Canyonville, Oregon 97417 • (541) 839-4913 • fax (541) 839-6112 • web site i5exit99.com

Company Information

Company Name: _____ D/B/A: _____

Address: _____
Street City State Zip

Billing Address: _____
Street City State Zip

Telephone #: _____ Fax #: _____

E-mail: _____ Web Site: _____

Business Status: Corporation Partnership Sole Proprietor LLC S Corp Non-Profit Other

Years at current Location: _____ Estimated Annual Sales: _____

Federal Tax ID#: _____ Dunn & Bradstreet #: _____

Please estimate the number of the following: Trucks: _____ Tankers: _____ Flatbeds: _____

Trailers: _____ Vans: _____

Company Drivers _____ Leased Drivers _____ Fuel Gallons per week _____

Principal Information

Principal's Name: _____ Title: _____ % of Ownership: _____

Social Security #: _____ Phone #: (_____) _____

Address: _____
Street City State Zip

Principal's Name: _____ Title: _____ % of Ownership: _____

Social Security #: _____ Phone #: (_____) _____

Address: _____
Street City State Zip

Compliance Information

US DOT #: _____ Oregon PUC #: _____

Insurance Company: _____ Policy #: _____

Authority to Release Credit Information

Having made application for credit; I hereby authorize the Seven Feathers Truck and Travel Center to make inquires to Dunn & Bradstreet, Equifax, or other credit rating sources for purposes of providing this information to Seven Feathers Truck and Travel Center. I authorize a true copy of the original of this authorization as if the copy were the original itself.

The authorization remains in force during my association with Seven Feathers Truck and Travel Center, and is self canceling upon termination of this association.

Signature Name Title

Signature Name Title

Please complete trade reference section on the back of this application.

Please feel welcome to attach a credit reference worksheet.

Bank Reference

Bank Name: _____ Account #: _____

Contact: _____ Phone #: (_____) _____

Bank Name: _____ Account #: _____

Contact: _____ Phone #: (_____) _____

Trade Reference

Company: _____ Phone #: (_____) _____

Account #: _____ Product/Services: _____

Company: _____ Phone #: (_____) _____

Account #: _____ Product/Services: _____

Company: _____ Phone #: (_____) _____

Account #: _____ Product/Services: _____

Company: _____ Phone #: (_____) _____

Account #: _____ Product/Services: _____

Do you have credit with a National Tire Plan? Yes No Michelin # _____ Goodyear # _____

Bridgestone # _____ Yokahomo # _____ Bandag # _____ Oliver # _____