

FIVE STAR TRUCK CENTER

York
4831 S. LINCOLN AVE
YORK NE, 68467
402-362-4117

Boonville
1610 Mid America Ind Ct
Boonville, MO 65233
660-621-1247

Matthews
664 MO-80
Matthews, MO 63867
573-471-3483

Please Circle which location(s) application is for
Email this app to: office@fivestartruckcenter.com

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

FED ID:

Sole proprietorship:

Partnership:

Corporation:

LLC:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Additional Information:

Number of Trucks:
Trailers:

Number of

Type of Service

Tractor Wash:

Trailer Wash:

Full Service Oil Change (York only):
Tire Service(York only):

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:

AGREEMENT

1. Payment is due on receipt of statement.
2. All accounts are closed when the account is 30 days past due.
3. In the event of purchaser default you will be charged 1 ½% interest per month plus all cost of collection. Your signature on this application indicated acceptance of these terms.
4. By submitting this application, you authorize Five Star Truck Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signature:

Date:

Print name:

Title:

PERSONAL GUARANTY

I _____ RESIDING AT _____ FOR AN IN CONSIDERATION OF YOUR EXTENDING CREDIT AT MY REQUEST TO _____ HEREINAFTER REFERRED TO AS
(NAME OF COMPANY)
THE "COMPANY" OF WHICH I AM _____, HEREBY PERSONALLY GUARANTEE
(TITLE)
TO YOU THE PAYMENT AT FIVE STAR TRUCK INC. OF ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU ON DEMAND. I DO HEREBY WAIVE NOTICE OF DEFAULT, NON-PAYMENT AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED.

Date:

Witness:

Address:

Signature:

Social Security Number: