

# WOODDALE TRUCK REPAIR SERVICE, INC.

6721 BICENTENNIAL PLACE  
BATON ROUGE, LOUISIANA 70805

Ph. (225) 359-6454

Fax (225) 355-0690

## CREDIT APPLICATION PRIVATE & CONFIDENTIAL

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

Fed. I/D #/SS#: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In Business Since: \_\_\_\_\_ Owner/President: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Ph. #/Ext. \_\_\_\_\_

PO Required? \_\_\_\_\_ Tax Exempt? \_\_\_\_\_ If yes, please furnish certificate

Name of Bank: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Ph. #: \_\_\_\_\_

### TRADE REFERENCES

Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_ Fax \_\_\_\_\_

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

Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_ Fax \_\_\_\_\_

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

Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_ Fax \_\_\_\_\_

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

**SECOND PAGE OF THIS APPLICATION MUST BE COMPLETED AND SIGNED**

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Wooddale Truck Repair Service Inc  
CREDIT APPLICATION  
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**APPLICANTS' SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS OF NET 30 DAYS FROM DATE ON INVOICE.**

Should it be necessary to place this account for collection, I/We agree to pay all collections costs and attorney fees. I/We also agree that if part payments are made or no payment is made on the account within the terms specified that you have the right to assess and I/We agree to pay a "finance charge" computed by applying a periodic monthly rate of 1 ½% to the past due balance. This is an annual percentage rate of 18%.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**PERSONAL GUARANTEE**

In making this application, I/We understand each invoice is due and payable thirty (30) days from the date of the invoice. Payment to be paid to Wooddale Truck Repair Service Inc. at 6721 Bicentennial Place, Baton Rouge, LA 70805. If payment is not received by the due date, the invoice is then delinquent. I/We further agree to pay all lawful delinquent or time differential charges on any amount which becomes over fifteen (15) days past due. If credit is granted, I/We personally agree to the above terms and are responsible for and personally guarantee payment of the account. I/We further agree that if the account is placed in the hands of an attorney for collection, to pay 25% as attorney fees and all court costs. If I/We are an individual doing business as a company, I/We agree that insanity, minority or other disability or bankruptcy, insolvency, death, sales of assets or stock of the corporation or corporate dissolution of the above firm or any of the guarantors now or hereinafter existing or occurring shall in no matter impair, affect or release the liability of each of the personal representatives executors, administrators and successors. I/We also guarantee that any person employed by my/our company is authorized to sign work authorizations & invoices.

\_\_\_\_\_  
Signature of Personal Guarantor/Owner

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Printed name of Personal Guarantor/Owner

\_\_\_\_\_  
Date