

◆ Application for Credit ◆

07/2021

Phone: (810) 234-5686 FAX (810) 234-9066

Email to: ar@tricotruck.com

Tri-County International Trucks, Inc.
C & S Motors, Inc.
Idealease of Flint, Inc.

Office Use Only

Date received: _____

Date approved: _____

Amount: _____

Date of Application: _____

Firm's Legal Name: _____

Ship To Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ -- _____ Fax #: (____) _____ -- _____

Shop Phone: (____) _____ -- _____ A/P Email Address: _____

Purchase Order Required: Yes _____ No _____ A/P Contact Name: _____

Purchase are: Taxable _____ Nontaxable _____ (If nontaxable, a completed exempt form is to be attached)

Credit Limit Applying For: \$ _____ DUNS # _____ FED ID # _____

Types of Purchases (Circle all that apply) PARTS REPAIRS RENTAL LEASING

Type of Business: ___ Corporation ___ Partnership _____

If Partnership: Owner's Name _____

Owner's Address _____ City _____ State _____ Zip _____

◆ Please Provide Trade References ◆

1. Name: _____ Phone: (____) _____ -- _____

Address: _____ Fax #: (____) _____ -- _____

2. Name: _____ Phone: (____) _____ -- _____

Address: _____ Fax #: (____) _____ -- _____

3. Name: _____ Phone: (____) _____ -- _____

Address: _____ Fax #: (____) _____ -- _____

Name of Bank _____ Contact Phone _____

Address _____ City _____ State _____ Zip _____

Tri-County International Trucks, Inc./C & S Motors, Inc./ Idealease of Flint, Inc. may charge interest on any past due amount. In consideration to Tri-County International Trucks, Inc./C & S Motors, Inc./ Idealease of Flint, Inc., I/we hereby agree, jointly and individually, to pay for all the merchandise supplied to me or any part of the above business. In the event that any account is placed with a third party for collection, I/we agree to pay all costs including attorney fees, collection bureau fees, court costs, and finance charges. I/we authorize Tri-County International Trucks, Inc., C & S Motors, Inc./ Idealease of Flint, Inc. to investigate my/our credit history.

Authorized Signature: _____ Date: _____

Must be Owner, Officer, or Director

Printed Name: _____ Title: _____