

Corporate Billing LLC
 PO Box 2257
 Decatur, AL 35609
 Toll Free 1-877-584-3600
 Direct (256) 584-3600
 Fax (256) 584-3685
 Email credit@corpbill.com



Sale Pending \$ _____
 Uni-Maxx Location **BOSS** _____
 Uni-Maxx Location Acct. # _____
 Uni-Maxx Rep. Name _____
 Uni-Maxx Rep. Phone _____
 Uni-Maxx Rep. Email _____
 Uni-Maxx Location Use Only

Credit Application

Trade Name _____ Phone #1 () _____ Fax # () _____
 Legal Name _____ Phone #2 () _____ Cel # () _____
 Billing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 A/P Email Address _____ Website _____ County _____
 Business Type: Corporation LLC Partnership Sole Owner

Principal Name, Home Address, Home Phone Number, Social Security Number, and % of Ownership:

Name of Parent/Holding Co/Subsidiaries/Affiliates/Franchises: _____

Do you have an existing account with Corporate Billing? (if yes, provide account number): _____

Have the Company or any Owners Filed Bankruptcy in Last 7 Years? Yes No

PO Required: Yes No Number of Employees _____ Premises: Owned Leased

Date Business Started _____ Date Business Purchased From Previous Owner _____

Name of Person to Contact With Any Questions: _____ Phone: () _____

If Tax Exempt, List Sales Tax # _____ Federal ID# _____

Bank Reference Name	Bank Officer	Account #	Phone
_____	_____	_____	() _____
_____	_____	_____	() _____

Trade Reference Name	Contact Person	Account #	Phone
_____	_____	_____	() _____
_____	_____	_____	() _____

Expected Monthly Credit Requirements from Corporate Billing \$ _____

Agreement: In consideration of the merchandise and services provided, the undersigned agrees to pay for all charges upon receipt of an invoice which has been assigned to Corporate Billing, LLC which such invoice, when rendered, is incorporated herein by reference. In the event an unpaid account is placed for collection, the undersigned agrees to pay a reasonable attorney's fee, costs of court and any other reasonable cost of collection. This application and the information contained herein is a request for the extension of credit for commercial business use only and the applicant certifies that the firm he/she represents is doing business as a sole-proprietorship, partnership, or a corporation. The applicant authorizes Corporate Billing, LLC or Wingfoot Commercial Tire Systems, LLC to obtain oral or written credit reports from any credit reporting agency, bank or commercial supplier with whom it is doing business or has done any type of business to give any and all necessary information to Corporate Billing, LLC, or Wingfoot Commercial Tire Systems, LLC, which will assist them in the credit investigation. The applicant further authorizes the reinvestigation of credit from time to time as it is deemed necessary. To extend credit a Financial Statement may be requested. The applicant understands that Corporate Billing, LLC may refuse to purchase charges at any time without notice to the applicant.

By: _____ Title _____ Date _____

Print Name _____

Personal Guaranty

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Corporate Billing, LLC, from time to time as may be needed, in the credit evaluation process. The undersigned individually, jointly and severally and unconditionally guarantee the payment when due of all invoices/accounts purchased by Corporate Billing, Inc. from any Client.

By: _____ Social Security Number _____ Date _____

Print Name _____ Home Address _____ Phone# _____

USA Non Recourse



Revised 2.10.12

Direct Bill Account Required Information Form

Customer Name _____

City and State _____

Total tractors: _____ Total Trailers: _____

	Yes	No
PO Number	<input type="checkbox"/>	<input type="checkbox"/>
Preauthorization	<input type="checkbox"/>	<input type="checkbox"/>
Truck Number	<input type="checkbox"/>	<input type="checkbox"/>
Truck Vin #	<input type="checkbox"/>	<input type="checkbox"/>
Trailer Number	<input type="checkbox"/>	<input type="checkbox"/>
Trailer Vin #	<input type="checkbox"/>	<input type="checkbox"/>
Odometer	<input type="checkbox"/>	<input type="checkbox"/>
Truck License	<input type="checkbox"/>	<input type="checkbox"/>
Trailer License	<input type="checkbox"/>	<input type="checkbox"/>
Reference #	<input type="checkbox"/>	<input type="checkbox"/>

Additional required information not mentioned above:

1. _____

2. _____

3. _____

4. _____

Key Contact Information:

Maintenance or Breakdown Supervisor: _____

Supervisor Phone: _____ e-mail: _____

Repair Authorization Phone: _____ Fax: _____

Accounts Payable Contact: _____

Accounts Payable Phone: _____ Fax: _____

E-mail addresses for pictures, invoices, and/or general communication **(Required)**

Please return this form to sales.dept@bosselman.com or fax to 308.382.1160