



Dirk's Truck Repair Inc.
2421 110th Street South
Lakewood, WA 98499
dtrinc.net

General Information

Company Name: _____

Mailing Address: _____ Shipping Address: _____

Telephone #: _____

Fax #: _____

Email: _____

Credit Limit Requested: _____

Federal Tax ID #: _____

Resale or ICC #: _____

Years in Business: _____

Type Of Business: _____

Require PO's: Yes _____ No _____

Subject To Sales Tax: Yes _____ No _____

Bank Reference

Bank Name: _____

Branch/Location: _____

Bank Phone: _____

Bank Representative: _____

Account #: _____

Date Opened: _____

Principals or Officers

(1) Name: _____

Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

SSN #: _____

Date of Birth: _____

(2) Name: _____

Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

SSN #: _____

Date of Birth: _____

Credit References

(1) Company Name: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

(2) Company Name: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

(3) Company Name: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Terms of Sale

Terms are net 30 for established accounts. All prices are FOB Tacoma and are subject to change without notice. Special packaging or handling charges will be at additional cost to purchaser. All quotations are subject to prior sale and availability. Past due accounts and over the limit transactions may be shipped on a COD basis and may require an advance deposit. This application authorizes Dirks Truck Repair Inc. to make inquires of a financial and related material for the purpose of granting credit. A delinquent payment charge of 18% annually will be charged on past due accounts. Upon default of payment the applicant agrees to pay all collection fees, reasonable attorney fees, and cost of collection that may be incurred by Dirk's Truck Repair Inc. The venue of any legal action may be laid in Pierce County Washington. The above information is true and I/W agree to the above terms and conditions.

Applicant Name: _____ Title: _____

Signature: _____ Date: _____

Personal Guarantee

(Requested)

I/We hereby agree to the above terms and conditions and due assume personal liability for payment of applicants account. It is under stood that credit may not of been extended without this personal guarantee.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____