

Mark Davis Trucking

Credit Application

Company Information

Company Name

Date

Type of Business

In Business Since

Street Address, City, State, Zip

Billing Address, City, State, Zip

Phone Number

Fax Number

Web Address

Contact Person

Contact Email

Expected Monthly Business with Mark Davis Trucking \$ _____

Do You Have A Parent Company Yes No

If Yes, Provide Parent Company Name and Address. _____

Bank Information

Bank Name / Contact

Street Address, City, State, Zip.

Phone Number

Checking Account Number

REFERENCES

List three trade references not related to you who have knowledge of your credit account history.

Company	Account Number
Address, City, State, Zip	
Contact Name	Years of Account
Phone Number	Contact Email

Company	Account Number
Address, City, State, Zip	
Contact Name	Years of Account
Phone Number	Contact Email

Company	Account Number
Address, City, State, Zip	
Contact Name	Years of Account
Phone Number	Contact Email

ADDITIONAL SPACE

Additional space provided to expand on any points or questions asked previously in this application

TERMS

In Consideration for extension of credit, debtor agrees to (1) Credit Terms of NET 15 DAYS from invoice due date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes Mark Davis Trucking, Inc. to charge interest on outstanding balances OVER 15 DAYS OLD at a rate of 1.0% per month (12% per annum) or to the extent permitted by law.

We hereby authorize the above listed Bank and Trade References to release information to Mark Davis Trucking Inc. for use in the evaluation of this Credit Account request.

Signature of Officer ***

Date of Signature

Print Officer Name and Title

*****Credit cannot be granted without a signature acknowledging credit terms.**

Print, Sign and Mail to:

**Mark Davis Trucking
P.O. Box 31011
Clarksville, TN 37040
Office 931-645-4455
Fax 931-645-4435**