



Truck Tub International, Inc.

APPLICANT COMPANY INFORMATION

Name of Company:

Address:

Phone: _____

Email Address: _____

Person to Contact:

Truck Tub sends out billing monthly. Invoices are emailed as they are generated. Truck Tub encourages its customers to use purchase order numbers. If company elects to use a purchase order which requires phone contact at time of service, please provide toll-free number.

By signing this application, company agrees to:

1. All invoices are due on receipt and past due 30 days from billing date.
2. A monthly late fee of 2% on any past due amounts.
3. A return check fee of \$25

NAME OF OWNER(S)

_____ HOME ADDRESS _____ CITY-STATE-
ZIP _____

_____ HOME ADDRESS _____ CITY-STATE-
ZIP _____

_____ HOME ADDRESS _____ CITY-STATE-
ZIP _____

BANK NAME & ADDRESS

NAME: _____

ADDRESS: _____ BRANCH _____

CITY: _____ STATE: ____ ZIP: _____

I hereby authorize the bank to release
the following information:

Signature

Date

ACCOUNT NUMBER: _____

ACCOUNT ESTABLISHED: _____

AVERAGE BALANCE: _____

SATISFACTORY: _____ N.S.F. ITEMS: _____

COMMENTS: _____

Four credit references of companies applicant has charged over \$1,000 per month, for at least 12 months.

1. Company _____

2. Address _____

3. Person to
contact _____

4. Type of trucking
service _____

1. Company_____

2. Address_____

3. Person to
contact_____

4. Type of trucking
service_____

1. Company_____

2. Address_____

3. Person to
contact_____

4. Type of trucking
service_____

1. Company_____

2. Address_____

3. Person to
contact_____

4. Type of trucking
service_____

Please direct any questions to: Truck Tub Accounts Receivable Manager, Jenean Brady
TRUCKTUBOFFICE@GMAIL.COM
Address: P.O. Box 11576, Bainbridge Island, WA 98110