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PRE-CURE

SUMITOMO

510 Riverside Drive • P.O. Box 1751 • Jackson, TN 38302

CREDIT APPLICATION

Customer Name : _____ Phone No: _____

Business Address: _____

Owners Name: _____ Social Security No: _____ - _____ - _____

Home Address: _____ Home Phone: _____

Years in Business: _____ Corporation: _____ Partnership: _____ Proprietorship: _____

Sales Tax/CC No: _____ No. Trucks Owned: _____ Leased: _____

Company Leased To: _____ Address: _____

Bank References

Bank	Type of Account	Account No.	Contact Person
1. _____			
2. _____			
3. _____			

Credit References

Name and Account Number	Address	Phone Number
1. _____		
2. _____		
3. _____		

All Accounts are due and payable on the 10th. of the month following the date of purchase. Customer agrees to pay interest charges of 1 3/4% per month (21% per annum) on all past due amounts. In the event of default Purchaser agrees to pay all necessary and reasonable collection agency fees and or attorney fees, court cost and other professional costs required to collect this debt. In order to secure credit, I hereby authorize the investigation of all statements and references listed above and release any and all parties from any liability in furnishing the information required to complete this credit application.

Date: _____ Signature: _____

Continuing Guarantee: The UNDERSIGNED (Guarantors) personally, jointly and severally, unconditionally guarantee and promise to pay to the Company, on demand, any and all present and future indebtedness, obligation and liabilities of the customer to the Company. The obligations of the Guarantors hereunder are joint and several and independent of the obligations of the customer and a separate action may be brought against any one or more of the Guarantors whether or not action is brought against any other Guarantors or against the Customer. Guarantors waive any right to have the Company or any security held from the Customer.

Date: _____ Signature: _____

Date: _____ Signature: _____