



INTERSTATE
BILLING SERVICE, INC

P.O. BOX 2250 – DECATUR, AL 35609
Phone: 800-332-9140 (ext 3032)
Fax: (256) 260-0046
Email: ibs_credit@bibank.com

Dealer # 523
Is Customer Waiting? Yes / No
Date Needed / /
If Sale Pending \$
Reply to
Phone () - -

CREDIT APPLICATION

Trade Name _____ Legal Name _____
Physical Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
Former Address (5yr minimum) _____ City _____ State _____ Zip _____
Job Site Address _____ Job Site Phone # () _____
Phone# () - _____ Fax# () - _____ Cell Phone# () - _____ Social Security # _____ - _____ - _____
Email address _____ Website _____
Please select one: ☐ Proprietorship ☐ Partnership, LP or LLP ☐ LLC ☐ Corporation State of incorporation/formation _____
Have you ever filed BANKRUPTCY? Yes / No When? _____ Fed ID# _____
Business start date / / Estimated Monthly Credit Requirement \$ _____
If applicable, what is the current number of trucks in fleet or operation _____ DOT #: _____
Home Office/Parent Co. _____ City/State _____ Name and title of person to contact _____
Company Principals _____ Title _____
Additional Principals _____ Title _____
Purchase Orders required? Yes / No Authorized person(s) to issue P.O. _____
Annual revenues \$ _____ Year of reported revenues _____ Fiscal Year End (ex 12/31 or 06/30) _____
Credit guidelines are based on information received from bank(s) and references. Please provide your largest 30-day trades or unsecured creditors. Please list references related to your type business or industry. *If trade sheet and/or financial statement can be provided, please forward with credit application.*
Bank Name & Branch _____ City/State _____ Account# _____
Bank Officer in charge of account _____ Email Address _____ Phone () - _____

Company	City	State	Phone	Fax	Email

The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby authorize all of the persons or companies names in the application to release to Interstate Billing Service, Inc. (IBS), or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize IBS to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/We refuse to sign this application, I/We will not be considered as a candidate for credit with IBS. A credit guideline may be established at our discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney's fees. We agree not to assert any claims or defenses against the accounts purchased by you from any dealer including right of offset for invoices purchased by IBS. Receipt of payment acknowledges agreement to the terms and conditions set forth by IBS. This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agree that all claims will be brought in such Alabama State or Federal Court. I/We further waive any objection on the basis of forum non-conveniensi. As required by Section 4107(d) (2) of the Small Business Jobs Act of 2010, applicant hereby certifies to IBS and its affiliates that the principals of applicant and its affiliates have not been convicted of, or pleaded *nolo contendere* to, a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)). Nothing in the Section shall affect the right of IBS to bring any conditions set forth by IBS. Your account has been assigned to IBS. Make checks payable to the vendor(s). Please mail all payments c/o Interstate Billing Service, PO Box 2208, Decatur, AL 35608-2208. Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicants' responsibility to advise IBS immediately. The undersigned represents and warrants that he/she is authorized to request credit for the company and sign/submit this application.

With which vendor do you wish to charge? _____
(Application will apply to any additional IBS dealers that your company should charge with now or in the future)

Signature _____ Title/Position _____ Date _____

The undersigned (whether one or more, the "Guarantor") individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts owed to IBS.

Signature _____ Signature _____
Printed Name _____ Printed Name _____
Social Security # _____ - _____ - _____ DOB / / Social Security # _____ - _____ - _____ DOB / /
Date / / Date / /