



1026 NORTH LINCOLN ST.
GREENSBURG, INDIANA 47240-1298

Customer number _____

CREDIT APPLICATION

All purchases or repairs must be paid by the tenth of the following month. Any account over thirty days will be assessed a 1.5% finance charge. Any account over sixty days may automatically be placed on COD and may remain in COD status. PLEASE PRINT OR TYPE. Incomplete applications will not be processed. Completed application should be Emailed to: accounting2@shirksinternational.com or faxed to 812-663-6388 or mailed to 1026 N Lincoln, Greensburg, IN 47240. For questions, call 812-663-7111. The credit limit on this account will be set at the discretion of Shirk's International, and may be raised or lowered at any time as deemed necessary by Shirk's management. If credit is not approved, an account will be established on COD basis. To assure proper posting of payments, your customer number should appear on all check payments.

Office/Sales hours: M-F 8AM-5PM Sat 8-12 Parts/Service Dept Hours: M-F 6:30AM - Midnight Sat 7AM-4PM

Account Name _____ Primary Contact _____ Position _____

Address _____ City _____ State _____ ZIP _____ Fed ID _____

Phone _____ Fax _____ Cell _____ Email _____

Name of Principal/Owner _____ SS# _____ Phone _____

Address _____ City _____ State _____ ZIP _____ Email _____

Authorized account users: _____

Sales tax exempt? Yes No Do you require POs? Yes No Company size: # of Trucks _____
(If yes, include form ST-105 or ST-106 - Tax must be charged unless a valid form is on file) Credit limit requested _____

Number of years in business _____

REFERENCES

Bank name _____ Account # _____ Contact _____

Address _____ City _____ State _____ ZIP _____ Branch _____

Phone _____ Fax _____ Email _____ Other _____

Trade references (no banks, finance companies, oil companies, or credit cards)

1. Name _____ Account # _____ Contact _____ Address _____

City _____ State _____ ZIP _____ Phone _____ Fax _____ Email _____

2. Name _____ Account # _____ Contact _____ Address _____

City _____ State _____ ZIP _____ Phone _____ Fax _____ Email _____

3. Name _____ Account # _____ Contact _____ Address _____

City _____ State _____ ZIP _____ Phone _____ Fax _____ Email _____

On the basis of credit information furnished to Shirk's International, the undersigned agrees to pay upon receipt all invoices and statements. There is no finance charge on accounts paid current but the undersigned agrees to pay finance charges on any account past due, as well as all collection charges and attorney fees that may be necessary. The undersigned hereby certifies that he/she is authorized to negotiate binding contracts on behalf of the above organization and authorizes Shirk's International to communicate with any or all of the credit references listed above as well as any other credit sources.

Typed or Printed Name of Authorized Agent _____ Position _____

Authorized Agent Signature _____ Date _____