

Signature:_

Bentley Truck Services, Inc. Bentley Truck Center Of Philadelphia, LLC.

7777 Essington Avenue Philadelphia PA 19153				
Office: (215) 937- 1044 Fax: (215) 937-1005				
307 Heron Drive Logan Township NJ 08085				
Office: (856) 467- 4446 Fax: (856) 467- 2455				
244 Quigley Boulevard New Castle DE 19720				
Office: (302) 777- 3088 Fax: (302) 777- 3188				
6000 NW 77 Court Miami FL 33166				
Office: (305) 777- 9090 Fax: (305) 777- 9095				
6225 State Road Philadelphia PA 19135				
Office: (215) 708- 1001 Fax: (215) 708- 9417				

	CREDIT AF	PPLICATION	ON		
		IERAL			
NATURE OF BUSINESS	☐Individual Corporation ☐Partnet	rship \square Other	NAME(S) OF PRINCIPLES		
BUSINESS NAME					
BUSINESS ADDRESS			BUSINESS PHONE	FAX	
IF INDIVIDUAL, HOME ADDRESS			HOME PHONE	FAX	
LINE OF BUSINESS			SOCIAL SECURITY #		
FED. ID NUMBER	STATE OF INCORPORATION		HOW LONG IN BUSINESS	NO. OF EMPLOYEES	
	CR	EDIT			
			Reference 1.		
BANK (CITY, STATE)		Talaahaa	F	ACCOUNT NO	
TELEPHONE		Telephone	Fax	ACCOUNT NO.	
ACCOUNT NO.			ence 2.		
□ CHECKING					
ACCOUNT NO.			Fax	ACCOUNT NO.	
OTHER		Trade Refere	ence 3.		
BANK (CITY, STATE)	Telephone	Fax	ACCOUNT NO.		
TELEPHONE					
ACCOUNT NO.			Fax	ACCOUNT NO.	
CHECKING					
ACCOUNT NO.			IF WE DO NOT RECEIVE A TAX EXEMPT FORM,		
DOTHER			THEN WE MUST CHARGE TAX ON YOUR INVOICES.		
	PAYMENT TERM	IS & COND	ITIONS		
such information as is necessary to in the granting of credit to the und invoices to be correct and paymer addition, your account will become	account is COD until credit is approved. The underso establish credit with Bentley Truck Services, Inc. It is ersigned applicant. Our terms are Net 14. All discrept is expected. A finance charge of 1 1/2 percent will COD if balances exceed 31 days. All invoices exceed e undersigned will be responsible for the balance due a	s understood and ag pancies must be bro be accessed to you ding 60 days will be	greed that Bentley Truck Service ought to our attention within 10 ir account at the end of the mor turned over to our attorney for co	s, Inc., will rely on information contained days. After 10 days, we will assume all hth for any balance 31 days or older. In	
I have read, understand, and agree	to the terms and conditions stated herein. I represent	that the statements	made on this credit application a	are true and correct.	
Ву:			Date:		
Printed Name:					
Title:		_			
	credit to the above business at my/our request, I/We he		rantee the payment of all of their	obligations to you until withdrawn by	

Date:___