



**Bentley Truck Services, Inc.**

- 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) 328- 4600 Fax: (302) 328- 4601
- 3555 A N.W 77 Avenue Miami FL 33122  
Office: (305) 777- 9090 Fax: (305) 777- 9095
- 6225 State Road Philadelphia PA 19135  
Office: (215) 708- 1001 Fax: (215) 708- 9413
- 3053 Rte 73, Maple Shade, NJ 08052  
Office: (856) 320-2710 Fax: (856) 320-2719
- 814 Penn Green Rd, Landenberg, PA 19350  
Office: (610) 756-1000 Fax: (610) 268-2052
- 301 Main Street, Luzerne, PA 18709  
Office: (570) 288-4452 Fax: (570) 288-3058

### CREDIT APPLICATION

GENERAL			
NATURE OF BUSINESS <input type="checkbox"/> Individual Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		NAME(S) OF PRINCIPLES	
BUSINESS NAME			
ADDRESS		BUSINESS PHONE	FAX
CITY, STATE, ZIP		HOME PHONE	FAX
LINE OF BUSINESS		SOCIAL SECURITY #	
FED. ID NUMBER	STATE OF INCORPORATION	HOW LONG IN BUSINESS	NO. OF EMPLOYEES
CREDIT			
BANK (CITY, STATE)		Trade Reference 1.	
TELEPHONE		Telephone/Fax	Email      ACCOUNT NO.
ACCOUNT NO. <input type="checkbox"/> CHECKING		Trade Reference 2.	
ACCOUNT NO. <input type="checkbox"/> OTHER		Telephone/Fax	Email      ACCOUNT NO.
		Trade Reference 3.	
BANK (CITY, STATE)		Telephone/Fax      Email      ACCOUNT NO.	
TELEPHONE		Reference 4.	
ACCOUNT NO. <input type="checkbox"/> CHECKING		Telephone/Fax	Email      ACCOUNT NO.
ACCOUNT NO. <input type="checkbox"/> OTHER		IF WE DO NOT RECEIVE A TAX EXEMPT FORM, THEN WE MUST CHARGE TAX ON YOUR INVOICES.	
PAYMENT TERMS & CONDITIONS			

**Customer understands that this account is COD until credit is approved.** The undersigned hereby authorizes the above named bank(s), trade and/or credit references to release such information as is necessary to establish credit with Bentley Truck Services, Inc. It is understood and agreed that Bentley Truck Services, Inc., will rely on information contained in the granting of credit to the undersigned applicant. Our terms are Net 14. All discrepancies must be brought to our attention within 10 days. After 10 days, we will assume all invoices to be correct and payment is expected. A finance charge of 1 1/2 percent will be accessed to your account at the end of the month for any balance 31 days or older. In addition, your account will become COD if balances exceed 31 days. All invoices exceeding 60 days will be turned over to our attorney for collection. In the event that legal action is required to collect balances due, the undersigned will be responsible for the balance due and all costs incurred as a result.

I have read, understand, and agree to the terms and conditions stated herein. I represent that the statements made on this credit application are true and correct.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

In consideration of your extending credit to the above business at my/our request, I/We hereby personally guarantee the payment of all of their obligations to you until withdrawn by me/us by certified mail.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_