

## Fax completed credit application to 508-584-9744 or email: sales@eastcoasttruckstuff.com

Business name: _				
Street address:				
City/State	Zip			
Email:	@			
Telephone:		Fax:		
Nature of Business	s:	Yrs in Business:		
Indicate one:	Partnership	Sole Owner	Corporation	
Accounts Payable Contact:		Phone:		
			have an open line of cred	
		FAX NUMBERS/EN		
			BERS ARE NOT LISTEI	
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Acct #:	Pnone:	Fax/Ei	naii:	
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Δ. cct #•	Phone	Fax/Email:		
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3				
Acct #:	Phone:	Fax/E <sub>1</sub>	mail:	
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Is your company to	ax exempt? If YI	ES, please attach a cop	y of your resale certificate	
	-	-	•	
		ND PERSONAL GUA	<u>ARANTEE</u>	
	subject to finance charge of			
			e collection costs allowed by law.  ng the application, whether executive	
			any and all obligations as set forth	
herein.	inter or now, do nervey pers	onany guarantee payment for	any and an obligations as set form	
4. East Coast Truck & T	railer or an authorized repre	sentative has my authorization	n to contact any references given	
here.				
I HAVE READ T	HE ABOVE AND A	GREE TO THE TERM	IS STATED.	
SIGNATURE:		Γ	DATE:	
	ND TITLE		· · · · · · · · · · · · · · · · ·	
FED ID#		SS#		