

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL _____				YEARS AT THIS ADDRESS _____	
ADDRESS _____					
CITY _____	STATE _____	ZIP CODE _____	AREA CODE _____	PHONE _____	

HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:

<u>ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.</u>	<u>TERMS: NET 30 DAYS</u>
<u>1989 HARLEM ROAD</u>	<u>PHONE: 716-891-7770</u>
<u>CHEEKTOWAGA, NEW YORK 14212</u>	<u>FAX: 716-895-2190</u>

THE FOLLOWING INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENCE.

OWNERSHIP

<input type="radio"/> CORPORATION	<input type="radio"/> CHECK HERE IF INCORPORATED WITHIN THE PAST 12 MONTHS	<input type="radio"/> PARTNERSHIP	<input type="radio"/> INDIVIDUAL
1. _____	_____	_____	_____
NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE
2. _____	_____	_____	_____

_____	_____
BANK	BANK ADDRESS
_____	_____
BANK OFFICER OR DEPARTMENT	PHONE

REFERENCES

1. _____	_____	_____	_____
BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
			FAX
2. _____	_____	_____	_____
			PHONE
			FAX
3. _____	_____	_____	_____
			PHONE
			FAX

INVOICING INFORMATION

PLEASE RECORD YOUR COMPANY'S LEGAL NAME EXACTLY AS IT SHOULD APPEAR ON YOUR INVOICES:	
MAIL ALL INVOICES TO:	_____
	COMPANY'S LEGAL NAME

	COMPANY ADDRESS

	CITY, STATE & ZIP CODE

ALL SALES ARE SUBJECT TO NEW YORK STATE SALES TAX UNLESS THE FOLLOWING BOX IS CHECKED AND A VALID SALES TAX EXEMPTION FORM ACCOMPANIES THIS CREDIT APPLICATION. TAX EXEMPT - EXEMPTION CERTIFICATE ENCLOSED

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDING CREDIT.

I HEREBY ACKNOWLEDGE FULL RESPONSIBILITY FOR PAYMENT OF ANY LEGAL AND/OR COURT FEES IN ADDITION TO FINANCE CHARGES CALCULATED AT A RATE OF 1 1/2% PER MONTH IN THE EVENT COLLECTION LITIGATION MUST BE COMMENCED TO RECOVER ANY AMOUNT DUE AND OWING. IT IS EXPRESSLY ACKNOWLEDGED THAT ANY CREDIT EXTENDED HEREUNDER IS IN CONSIDERATION OF THE PERSONAL GUARANTEE OF THE INDIVIDUAL WHOSE SIGNATURE APPEARS BELOW. THE BELOW SIGNATORY PERSONALLY GUARANTEES THE PAYMENT OF ALL INDEBTEDNESS OF THE APPLICANT, REGARDLESS OF WHETHER THE WITHIN APPLICATION IS SIGNED IN A CORPORATE OR IN ANY OTHER CAPACITY.

SIGNATURE _____

DATE _____

PRINT NAME & TITLE _____

PLEASE DO NOT WRITE IN THE SPACE BELOW

VERIFICATION

REFERENCES CHECKED BY

CREDIT APPROVED BY

DATE

REFERENCE RESULTS

CREDIT REFUSED BY

DATE