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CREDIT APPLICATION

DATE: _____ FAX: _____
NAME: _____ PHONE: _____ CELL: _____
ADDRESS: _____ EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____
SSN: OR FEDERAL ID# _____ YEAR BUSINESS STARTED: _____
CREDIT LIMIT REQUESTED: _____ TYPE OF TRUCKS: _____
QTY OF TRUCKS: _____
ARE PURCHASE ORDERS REQUIRED: _____ IF PURCHASES ARE RESTRICTED PLEASE LIST PERSONS
AUTHORIZED TO MAKE PURCHASES: _____
ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____ EMAIL: _____
WILL YOUR PURCHASES BE FOR RESALE: _____ (IF YES, PLEASE FILL OUT FORM ON REVERSE SIDE)

BANK REFERENCES (A MINIMUM OF 1 BANK AND 4 CREDIT REFERENCES MUST BE SUPPLIED WITH ALL INFO. COMPLETE)

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
EMAIL: _____	EMAIL: _____

CREDIT REFERENCES

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
EMAIL: _____	EMAIL: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
EMAIL: _____	EMAIL: _____

TERMS: NET DUE 10TH OF THE MONTH AFTER THE MONTH OF PURCHASE. UNPAID ACCOUNTS 30 DAYS AFTER STATEMENT DATE WILL BE CHARGED A 1.5% (18% ANNUAL RATE) FINANCE CHARGE PER MONTH. FINANCE CHARGES WILL HAVE TO BE PAID TO MAINTAIN AN OPEN ACCOUNT. I AGREE TO ABIDE BY THESE TERMS.

CUSTOMER SIGNATURE _____
PRINT NAME: _____ DATE: _____