1 CUSTOM TRUCK ONE SOURCE™

CREDIT APPLICATION

CTOS Sales Rep: _____

Company Name		**Parent Company:**	
Billing Address		**City/State/Zip:**	
Physical Address		**City/State/Zip:**	

Phone		**Fax:**	**Cell:**	**E-Mail:**	
DOT #			**FEIN**	**Annual Sales:**	
Year Established		**State**			

Business Structure:

C-Corp	S-Corp	LLC	LP	Proprietorship
☐	☐	☐	☐	☐

Relationship to Parent Company:

Subsidiary	Division	Branch
☐	☐	☐

TRADE REFERENCES

Vendor Name(s):	Email Address:	Fax Number:	Phone Number:

BANK REFERENCES

Bank Name:		**Phone Number:**		**Fax Number:**	
Account Number:		**Contact Name:**			

Account Preferences:

Desired Account Type (Check all that apply):   Equipment Rental ☐   Parts ☐   Service ☐   **Maximum Credit Desired:** _____

Purchase Orders Required? _____   **AP Contact Phone #:** _____

AP Contact Name: _____   **AP Contact Email Address:** _____

We elect to receive invoices & statements via email

Tax Exempt Status: _____

We hereby warrant the information listed above is true and correct, and is furnished for the purpose of obtaining credit. We grant CTOS, LLC ("Custom Truck") and its affiliates permission to investigate and verify any and all facts contained herein. In the event there is a default in payment of any invoice, we shall be charged and agree to pay Custom Truck a late charge in the amount of 1.5% per month on the unpaid balance together with all costs and expenses (including reasonable attorneys' fees, collection agency fees and disbursements) incurred by Custom Truck in connection with collecting any payments due, including, without limitation any costs and expenses incurred in any litigation commenced in connection therewith. The person executing this agreement has the authority to enter into this credit application terms and conditions.

Printed Name of Authorized Agent:		**Title:**	
Signature of Authorized Agent:		**Date:**	

FOR EQUIPMENT RENTAL PLEASE INCLUDE YOUR CERTIFICATE OF LIABILITY INSURANCE