APPLICATION FOR CREDIT

Name	Phone # Fax #
Mailing Address	City, State & Zip
Shipping Address	City, State & Zip
Type of Ownership: Individual Partnership Cor	poration Type of Business?S/S#
Date of Birth/ Expected credit limit?	Tax ExemptTax Number
Employer's Name & Address	City, State & Zip
Bank Name & Address	City, State & Zip
	SIX CREDIT REFERENCES. INCLUDE <u>COMPLETE NAME, ADRESS,</u> MAKE IT EASIER FOR US TO CONTACT THOSE LISTED!!!!!
	OFFICE USE ONLY
Fax Number:	
Fax Number:	
	12 ¥7
Fax Number:	
Fax Number:	
- 1/A	
Fax Number:	

Please return to: DIESEL TRUCK SALES, INC. • P.O. Box 1428 • Saginaw, MI 48605 • Phone: 800-866-6225 • Fax: 989-753-2466

Payment Due Net 10