POWERTRAIN+ Truck Parts and Service

Earning Trust, Mile after Mile

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION:

Company Name:_____

❑ Sole Proprietorship ❑ Partnership ❑ Corporation ❑ Other

Address_____

Date Business Commenced:_____ Tax ID: _____

Phone/Fax:_____

Email:_____

BUSINESS/TRADE REFERENCES:

Company Name	Address	City, State, Zip	Phone Number	Fax Number

FINANCIAL REFERENCES:

Bank Name:_____ Phone Number:_____

Address:_____

City, State, Zip

Account Number:_____ Contact:_____

TERMS AND CONDITIONS:

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Powertrain Plus to make inquires into the banking and business/trade references that you have supplied.

Print Name:_____

Authorized Signature:_____ Title:_____ Date:_____

Personal Guarantee of Principal:_____ Date:_____

Please return form via email to help@pttruckparts.com along with your Tax Exempt form if applicable.