



# CREDIT APPROVAL

Company Information		
Company Name/Customer Name	Phone Number	Fax Number
Email Address	Billing Address	Shipping Address ( ____ Same as Billing)
Accounts Payable Contact Information		
Name: _____		
Phone: _____		
Email: _____		
DNB ID (if available):		
Company Social Security Number ID:		
President or Vice-President Name:	President or Vice-President Phone:	President or Vice-President Email:
Note: Select the type of business, if it is a Corporation please give the Federal ID# or if it is Individual give the Company Security Number ID (If applicable) _____ Corporation    _____ DBA ( DBA as _____ )    _____ Individual		
Sales Tax Status : (Please attach Certificate of Commercial Registration) _____ Exempt    _____ Non- Exempt    Resale certificate number: _____		
Company Purchase Orders: ____ Yes    ____ No    Other explain: _____    Purchases Delivery: ____ Complete    ____ Partial Delivery		
Credit Amount Requested: \$ _____		
Fleet Information: How many Trucks the Company/Customer have? _____    How many trucks bought to Sonnell Truck Center? _____		
Authorized Buyer(s)		
Name	Signature	Job Title
Name	Signature	Job Title
Name	Signature	Job Title
Trade References		
Reference Number 1		
Company Name	Contact name	Address
Phone Number (please add ext. if it available)	Mobile Number	
Email address	Account Number	Years doing business
Reference Number 2		
Company Name	Contact name	Address
Phone Number (please add ext. if it available)	Mobile Number	
Email address	Account Number	Years doing business
Financial Institution		
Bank	Bank Representative Name	Address



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Phone Number (please add ext. if it available)	Account Number	
Email address	ABA Number	
For Internal use Only		
Application Received Date :	Verify by:	Comments:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Limit:	
Approved by:	Account Number:	

Required Documents:

<input type="checkbox"/> Registration Certificate & Articles of Incorporation	<input type="checkbox"/> IRS Identification Number	<input type="checkbox"/> Merchant Registration (SURI)
	<input type="checkbox"/> Income Tax Filing Certification	<input type="checkbox"/> Good Standing Document

Additional Procedure:  
In order to make the corresponding arrangements as part of the application procedure, you have to contact Account Receivable Department.

Phone Number: (939) 313-9236	E-mail: <a href="mailto:receivable@sonnelltruckcenter.com">receivable@sonnelltruckcenter.com</a>
Address: Carr. 864 Km 0.2	
Parque Industrial Corujo	
Bayamon PR 00959	

**Credit Policy:**  
Statement are rendered as net 30 days. C.O.D. restrictions may be placed on any past due account.

**Credit Terms:**  
All invoices are due net 30 calendar days. A service charge may apply of 1.5% per month will be added to all amounts billed if not paid 60 calendar days from the invoice date.

**Change of ownership:**  
I / We understand that we shall notify Sonnell Truck Center in writing and by certified mail of any change in ownership, the name of the business or structure under which credit is establish.

**Guarantee:**  
Signing this application, whether signing are an officer or not, guarantee payment for all items purchased on credit by the company.

In the event of default and if this account is turned over an agency and/or attorney for collection, the understand agrees to pay all reasonable attorney fees, and/or cost of collection whether or not suit is filed.

We declare that the above information is true, correct and complete and is given to induce Sonnell Truck Center to extend credit. We authorize Sonnell Truck Center to make such credit verification as the company sees fit. Including contacting the above trade references and bank, obtaining credit reports. We authorized all trade references and bank and credit reporting agencies to disclose to Sonnell Truck Center any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated above and agree to all of those terms and conditions.

Authorized Company Officer name: _____	Job Title: _____
Signature: _____	Date: _____