



**CREDIT APPLICATION**

(Please fax completed app to 770-338-9220)

Company Name _____	Date _____
Mailing Address _____	
City _____	State _____ Zip _____
Street Address _____	
City _____	State _____ Zip _____
Telephone _____	E-mail _____ Fax _____
Type of Business _____	A/P Supervisor _____ ext. _____
Proprietorship _____	Partnership _____ Corporation _____
Dun & Bradstreet Number _____	Dun & Bradstreet Rating _____
How long in business? _____	Branch or Division of: _____
Sales Tax Exempt? _____	Attach T/E Form _____ Will Purchase Orders be Issued _____

**Company Representatives**

Name _____	Social Security # _____	Title _____
Name _____	Social Security # _____	Title _____
Name _____	Social Security # _____	Title _____

**Required Financial Information** (Please Provide Current Financial Statements – Balance Sheet/Income Statement)

<b>Bank References:</b>			
Principal Commercial Bank Name _____	Account Number _____	Contact _____	Telephone _____
Address _____	City _____	State _____	Zip _____
Principal Commercial Bank Name _____	Account Number _____	Contact _____	Telephone _____
Address _____	City _____	State _____	Zip _____
<b>Trade References:</b>			
Company Name _____	Telephone _____	Fax _____	
Address _____	City _____	State _____	Zip _____
Company Name _____	Telephone _____	Fax _____	
Address _____	City _____	State _____	Zip _____

**Procurement Information**

Estimated Monthly Purchases _____	Credit Line requested _____
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**Terms & Conditions**

Applicant hereby requests and authorizes all references to release credit information to Ryder Fleet Products.Com, Inc., and authorizes a credit report for any corporation, corporate officer, partner, or owner to be issued to Ryder Fleet Products.Com, Inc. By signing this application, applicant authorizes Ryder Fleet Products.Com, Inc. to process or otherwise manage credit information in any manner deemed appropriate by Ryder Fleet Products.Com, Inc. Applicant represents that he has read and agrees to be bound by all terms, conditions, and agrees to payment terms of net 30 days from date of invoice unless otherwise specified in writing.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
(Please print name and title of authorized signer) Date

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