

CREDIT APPLICATION

Shelba D. Johnson Trucking, Inc. Contact Name: _____
Line of Credit Requested: _____

BUSINESS INFORMATION

Business Name: _____ Phone: _____ FAX: _____
Registered Company Address: _____
City: _____ State: _____ Zip: _____
How long at this address? _____ Email Address: _____
Billing Address if different: _____
City: _____ State: _____ Zip: _____
Delivery Address if different: _____
City: _____ State: _____ Zip: _____
DBA: _____ Federal Tax ID: _____
Type of Business: _____ Date Established: _____
Number of Employees: _____ Est. Annual Sales: _____ Sales Area: _____
Does State, County or City require a license? () Yes () No If yes, License #: _____

BUSINESS OWNERSHIP

Ownership: () Sole Proprietorship () Partnership () Corporation () S-Corp () LLC () Other
Principal Name: _____ Title: _____ SSN: _____
Home Address: _____
Principal Name: _____ Title: _____ SSN: _____
Home Address: _____

BANK AND DEBT INFORMATION

Bank Reference: _____ Contact: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Type of account Account number
Savings _____
Checking _____
Other _____

Has the Company or any of its Principals ever filed for bankruptcy: () Yes () No
If yes, explain: _____

Mortgage Holder/Landlord: _____
Address: _____ Phone: _____

OTHER BUSINESS DEBTS

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

BUSINESS/TRADE REFERENCES

Company Name:	_____	Contact:	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Phone:	_____	FAX:	_____	Email:	_____		
Type of account:	_____						
Company Name:	_____	Contact:	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Phone:	_____	FAX:	_____	Email:	_____		
Type of account:	_____						
Company Name:	_____	Contact:	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Phone:	_____	FAX:	_____	Email:	_____		
Type of account:	_____						

AGREEMENT

Applicant agrees to pay any collection costs incurred to collect the outstanding balance on all accounts, including attorney's fees.

Applicant concurs with Shelba D. Trucking, Inc Tariff

The undersigned () Will () Will Not submit a Financial Statement

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above.

SIGNATURES

Name: _____	Title _____	Name: _____	Title _____
Name: _____	Title _____	Name: _____	Title _____

PERSONAL GUARANTEE

In consideration of credit being extended by Shelba D. Johnson Trucking, Inc. to the above named applicant for deliveries to be made whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, a S-corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Shelba D. Johnson Trucking, Inc. the faithful payment, when due, of all accounts of said applicant for deliveries made within five years after the date of this application.

Any revocation of this guarantee shall be in writing and delivered to Shelba D. Johnson Trucking, Inc., P.O. Box 7287, High Point, NC 27264.

Name: _____	Title _____	Name: _____	Title _____
Name: _____	Title _____	Name: _____	Title _____

CREDIT DEPARTMENT USE ONLY

Date Line of Credit Approved: _____	Date Line of Credit Denied: _____
Line of Credit Amount: _____	
Notes:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Approved By: _____	Date: _____