

# 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: _____	Approved Date: _____