



North Carolina Forestry Association Member

Store #: \_\_\_\_\_  
Store Employee Name: \_\_\_\_\_



Mail or Fax to 336-767-9282

**Fleet/Business  
Credit Application**

Legal Name of Business		Trade Name of Business	
Business Street Address		City	
State	Zip	Email	
Phone Number	Fax Number	Cell Number*	

**PROPRIETOR, PARTNERS OR CORPORATE OFFICERS\***

(Please provide an alternate address where we may reach you.)

Name	1.	2.
Title		
Address		
City, State, Zip		
Home Phone*		
Email		
Social Security #		

**AUTHORIZED CONTACTS**

List people authorized to make account changes

Name <sup>+</sup>	Security Code <sup>++</sup>
People from other sections of this document must be listed here to be "Authorized Contacts".	
1.	
2.	
3.	
4.	
5.	
6.	

+By signing this credit application, I authorize the person(s) listed on the credit application to carry out security related duties for the company. Social Security Number required in order to carry out security-related duties for the company. \*Home phone or cell phone number will be called in case of emergency. \*\*Security Code if other than Social Security Number, 4-10 digits.

<b>DESCRIPTION OF BUSINESS</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	Federal ID#
Incorporation Date	If subsidiary, name parent company			
<b>BANK AND TRADE INFORMATION</b>	Bank Name	Account #		
Contact	City			
State	Zip	Phone	Fax	

**Fuel Credit References Preferred**

<b>REFERENCE #1</b>	Firm Name	Account#		
Address	Contact			
City	State	Zip	Phone	
<b>REFERENCE #2</b>	Firm Name	Account#		
Address	Contact			
City	State	Zip	Phone	
<b>REFERENCE #3</b>	Firm Name	Account#		
Address	Contact			
City	State	Zip	Phone	

<b>CREDIT INFORMATION</b>	Financial Statement Enclosed**	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Required if credit line requested is more than \$10,000
Credit Line Requested	# of Vehicles	# of Cards	Terms Requested: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Listed in Dun & Bradstreet	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please list Duns#		

<b>Payment Method:</b>	<b>For Payment Methods 1-3, the following banking information is required:</b>
<input type="checkbox"/> 1. AutoPay (ACH)	<input type="checkbox"/> Attach a copy of a voided check and enter banking information below.
<input type="checkbox"/> 2. InternetPay	Checking Account #: _____ Nine (9) digit ABA/Routing #: _____
<input type="checkbox"/> 3. Faxed ElectroniChek	Financial Institution: _____ Telephone #: _____
<input type="checkbox"/> 4. Business Check (\$2.50 Each)	Branch Location: _____ City & State: _____
	Regarding AutoPay, Fleet One is authorized to initiate payment upon the invoice due date. Regarding InternetPay and ElectroniChek Authorization, I authorize Fleet One to accept my ElectroniChek or Internet Payment as payment for my invoices. Only upon receipt of my signed ElectroniChek, or use of the online payment system will Fleet One, LLC accept this payment from my checking account.

\*\*Any financial statement submitted with this Business Services Agreement will facilitate the establishment of your account and will be relied upon by Fleet One. Any such statements will be kept strictly confidential. Permission is herewith granted to obtain credit information from all listed references including my bank. All financial information submitted in support of this new account and Business Services Agreement is true and complete in all respects. My account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices. Furthermore, I understand that my account may be turned off if my account is past due and that any collection fees (including attorney fees) incurred by Fleet One, which the parties hereby fix at 33 1/3% of any balance due plus court costs, will be borne by my account. By submitting this Business Services Agreement, I agree to a one-time non-refundable \$25.00 set up fee. By signing this Business Services Agreement and using services of Fleet One, I certify that I am authorized to make this request on behalf of this company, and it is agreed that all purchases will be paid in accordance with the terms and conditions. Additional Terms and Conditions are set forth on the reverse side or following page(s).

The undersigned hereby executes this Business Services Agreement on behalf of the Customer as an authorized representative of the Customer and individually as the Guarantor of the Customer and hereby assumes personal and individual responsibility and liability for, and guarantee payment of, all amounts due and payable to Fleet One at any time by the Customer. I hereby consent to and authorize the use of my consumer credit report in the credit evaluation process.

<b>SIGN HERE</b>	Signature of Proprietor, Partner or Corporate Officer: _____ Date: _____
	Print Name: _____
	Signature of Witness: _____
	Print Name _____ Date: _____