



2135 W. Old Route 66 * Strafford, MO 65757 * Phone: 417-869-8500 * Fax: 417-869-9966 * WATTS: 800-965-5553
www.wickstt.com

CREDIT APPLICATION

Name: _____ **Address:** _____
City, State, Zip: _____ **Phone:** _____
Fax: _____

Ship To Address (if different): _____

Principal Owners: _____ **Date Business Established** _____
Nature of Business: _____ **Credit Limit Requested** _____

Purchase Orders Required? Yes No
Sales Tax Exempt? Yes No (if yes, Form 13 must be completed)

Sales Tax Exempt Number: _____

Accounts Payable Contact Name and Phone Number: _____

Trade References:(All information on trade references must be completed in full – if there is no fax number listed the credit application will be returned to you. Banks MAY NOT be used as a trade reference.)

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____

3. Name: _____ 4. Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____

Bank Name: _____ **Phone:** _____
Address: _____ **Fax:** _____

Applicant signature guarantees financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Terms – Net 10. This document authorizes our references to release our credit history to Wick’s Truck Trailers, Inc. for the purpose of establishing credit with Wick’s Truck Trailers, Inc.

Authorized Signature: _____ **Title:** _____ **Date:** _____
Print Name: _____