

P.O. BOX 2250, Decatur, AL 35609 Phone: 800.332.9140 (ext. 3032)

Fax: 256.260.0046 Email: ibs\_credit@bibank.com



CLIENT #1440	
Date Needed	
If Sale Pending _	
Reply To	
Phone	
Email	

## PARTS AND SERVICE - CREDIT APPLICATION

		I	Legal Name of Applica	nt			
Physical Address			Prov/Terr				
,					Postal Code		
Former Address (5yr minimum)							
Job Site Address							
		Estimated Monthly Credit Requirement \$ Website					
Accounts Payable Email						iers required? res / No	
Authorized person(s) to issue P.O							
I/We would like to receive electronic		, send emailed state	ement to:				
If no, I/we would like to receive a pap							
Business Number							
Please select one: □Proprietorship							
Number of trucks in fleet or operation	n, if applicable		Name and ti	tle of contact	person		
Home Office/Parent Co		City	P	rov/Terr			
Company Principals			T	itle			
Additional Principals			T	itle			
Credit guidelines are based on inform references related to your type busin Bank Name & Branch	ess or industry. <b>If trade she</b>	et and/or financial s	tatement can be provi	ded, please f	orward with credit	application.	
Bank Officer in charge of account							
Bank Officer in charge of account		Email Addi	ess		FIIONE		
Company	City	Prov/Terr	Phone		Fax	Email	
Company	City	Prov/Terr	Phone		Fax	Email	
Company	City	Prov/Terr	Phone		Fax	Email	
Company	City	Prov/Terr	Phone		Fax	Email	
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