

P.O. BOX 2250 – DECATUR, AL 35609
 Phone: 800-332-9140 (ext. 3032)
 Fax: (256) 260-0046
 Email: ibs_credit@bibank.com



Client #	_____
Date Needed	____/____/____
If Sale Pending	_____
Reply to	_____
Phone () -	_____ - _____
Email	_____

CREDIT APPLICATION

Trade Name of Applicant _____ Legal Name of Applicant _____
 Physical Address _____ City _____ Prov/Terr _____ Postal Code _____
 Billing Address _____ City _____ Prov/Terr _____ Postal Code _____
 Former Address (5yr minimum) _____ City _____ Prov/Terr _____ Postal Code _____
 Job Site Address _____ Job Site Phone # () _____
 Phone () - _____ Fax () - _____ Cell () - _____ Estimated Monthly Credit Requirement \$ _____
 General Email address _____ Website _____
 Accounts Payable Email _____ Purchase Orders required? **Yes / No**
 Authorized person(s) to issue P.O. _____

I/We would like to receive electronic statements **Yes / No** If yes, send emailed statement to: _____
 If no, I/we would like to receive a paper statement. **Yes / No**

Fed Business No. _____ Business start date _____ BANKRUPTCY? **Yes / No** If yes, Year? ____
Please select one: Proprietorship Partnership or LP _____ Jurisdiction of Incorporation or Formation _____
 Number of trucks in fleet or operation, if applicable _____ DOT #: _____ Name and title of contact person _____
 Home Office/Parent Co. _____ City _____ Prov/Terr _____
 Company Principals _____ Title _____
 Additional Principals _____ Title _____

Credit guidelines are based on information received from bank(s) and references. Please provide your largest 30-day trades or unsecured creditors. Please list references related to your type business or industry. **If trade sheet and/or financial statement can be provided, please forward with credit application.**

Bank Name & Branch _____ City/Prov/Terr _____ Account# _____
 Bank Officer in charge of account _____ Email Address _____ Phone () - _____

Company	City	Prov/Terr	Phone	Fax	Email

Annual revenues \$ _____ Year of reported revenues _____ Fiscal Year End (ex 12/31 or 06/30) _____

In this paragraph, the terms "I", "we", "my" and "our" refer to the Applicant(s) named above. The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. I/We affirm that I am/we are financially able to meet my/our obligations, and will remit in accordance with the invoice terms. I/We hereby authorize all of the persons or companies named in this application to release to Interstate Billing Service, Inc. (IBS), or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize IBS to obtain a consumer credit report on my/our personal credit history if necessary, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/we refuse to sign this application, I/we will not be considered as a candidate for credit with IBS. A credit guideline may be established at IBS' discretion. I/We agree to pay any collection costs incurred to collect the unpaid balance of accounts purchased by IBS, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney's fees. I/We agree to pay in full all our accounts purchased by IBS and not to assert any claims or defenses with respect to such accounts, including any right of offset. Receipt of payment acknowledges agreement to the terms and conditions set forth by IBS. This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agree that all claims will be brought in such Alabama State or Federal Court. I/e further waive any objection on the basis of forum non-conveniens. Nothing in this paragraph shall limit the right of IBS to bring any action or proceeding in courts of other jurisdictions. I/we understand that my/our accounts have been **assigned** to IBS, agree to make cheques payable to the vendor(s) and to mail all payments Interstate Billing Service c/o T04420C, PO Box 4420, STN A, Toronto, ON M5W 3B9. Payment terms will be reflected on the monthly statement and/or invoice. If my/our business should sell or close, I/we will advise IBS immediately. The undersigned represents and warrants that he/she is authorized to request credit for the Applicant named above and to sign/submit this application.

I/we wish to charge with the following vendor _____
 (I/we understand that the above application and agreement will apply to any additional IBS clients that I/we should charge with now or in the future)
 Signature _____ Title/Position _____ Date _____

The undersigned individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts now or in the future owed by the Applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts now or in the future owed to IBS.

Signature _____ Signature _____
 Printed Name _____ Printed Name _____
 SIN (optional) _____ DOB ____/____/____ SIN (optional) _____ DOB ____/____/____
 Date ____/____/____ Date ____/____/____