

Truck 'N Travel
P.O. Box 71458
Springfield, OR 97475
(541) 868-2880
(800) 718-5519



Credit Application

Referred by:

www.truckntravel.com

We hereby apply for the extension of credit by your firm. The following is submitted as a basis for your consideration.

Business Information

Business Name		Federal ID Number		
dba		Telephone Number		
Billing Address	City	State	Zip	Fax Number
Street Address	City	State	Zip	Mobile Number
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Corporation			
Established in:	Nature of business:			
Leased Operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to whom:		Telephone Number
Please estimate your total gallons of fuel purchased each month:		Number of Trucks/Vehicles:		

Products & Services for which credit is available

Cardlock	TNT Location Only					
<input type="checkbox"/> CFN <input type="checkbox"/> Voyager	<input type="checkbox"/> Fuel <input type="checkbox"/> Motel	<input type="checkbox"/> Scales <input type="checkbox"/> Tires	<input type="checkbox"/> Truck Maintenance <input type="checkbox"/> Oil & Lubricants	<input type="checkbox"/> Truck Parts <input type="checkbox"/> Propane	<input type="checkbox"/> Emergency Road Svcs <input type="checkbox"/> Accessories & Electronics	<input type="checkbox"/> TNT Store/Shell Foodmart <input type="checkbox"/> Coburg Crossing Cafe
Do you require a purchase order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How would you like to receive your statement?	<input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	E-Mail Address:		

Owner/Officer/Partner Information (Attach additional pages if necessary)

Full Name	Title	Social Security Number	Date of Birth	
Home Address	City	State	Zip	Telephone Number
Full Name	Title	Social Security Number	Date of Birth	
Home Address	City	State	Zip	Telephone Number

Bank References

Bank Name	Branch	Contact Person	
Address	City	State	Zip Telephone Number
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	
Bank Name	Branch	Contact Person	
Address	City	State	Zip Telephone Number
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	

Trade References (Fuel, tires, and/or other businesses you have credit with)

Name	Address	Account Number	Telephone
Name	Address	Account Number	Telephone
Name	Address	Account Number	Telephone

●Reverse side must be completed ●

Credit Agreement - Please read & sign below

General Terms & Agreement

Payment Terms: Billing is generally semi-monthly: Purchases from the 1st through the 15th being due before the end of the month and purchases from the 16th through the end of the month being due before the 15th of the following month. Extension of credit may be made from time to time solely at the discretion of Truck 'N Travel, hereafter referred to as TNT. More frequent billing terms may be negotiated. All unpaid balances may be subject to SERVICE CHARGES equivalent to the lesser of 2% monthly (24% APR) or the legal maximum, and accounts incurring such charges shall be reviewed for termination of credit privileges. A minimum service charge of \$.50 may be assessed.

Financial Information: You agree to provide TNT with financial information upon request, and as requested, as a condition of continued credit. You agree further to provide written assurance of solvency at our request.

Default: Failure to pay the amount owing when due constitutes default and entitles TNT, under applicable state law, to demand immediate payment, suspend credit privileges, and to begin collection proceedings. You agree to pay our collection costs, including but not limited to attorney's fees and court costs at both the trial and appellate levels, as allowable by law. This agreement shall be deemed to have been made in Eugene, Oregon, and you agree to submit to the laws and jurisdiction of the courts of the State of Oregon and stipulate to venue in Lane County, Oregon.

Authorization

The applicant herein represents that statements made in this application are true and correct, and hereby authorizes Truck 'N Travel (TNT) and/or its agents to conduct business/consumer credit inquiries as necessary through bank trade, and personal references and reporting agencies for the establishment and maintenance of a TNT credit account. Authorization is hereby granted to all creditors of the applicant to provide information to TNT regarding their credit experiences, and if TNT establishes a credit account, authorization is further granted for the sharing of their credit experiences with other creditors who may also inquire from time to time.

By signing below, the undersigned states that he/she is a duly authorized (corporate officer, partner, owner, etc.) of the applicant company and that he/she has read and agrees to the terms and conditions (listed above) which is part of this credit application.

By _____ Title _____ Date _____

By _____ Title _____ Date _____

Personal Guarantee

For value received, and for the purpose of enabling the applicant to obtain credit or other financial accommodations from TNT, the undersigned does hereby agree to personally guarantee the full, prompt and unconditional payment to TNT at the office of TNT at 32910 East Pearl St., Coburg, Oregon, 97408, when due, of every claim of TNT which may hereafter arise in favor of TNT against applicant. This is a continuing guarantee and shall remain in force until revoked by the undersigned by notice in writing to TNT, but such revocation shall be effective only as to claims of TNT which arise out of transactions entered into after receipt of such notice. This obligation shall not be affected by any surrender or release by TNT of any other security held by it for any claim hereby guaranteed. Upon any default of applicant in the payment of the indebtedness secured hereby, Guarantor agrees to pay TNT, without notice or demand, the entire amount of the indebtedness to the full extent of this Guarantee, including all losses, costs, attorney fees or expenses, without any obligation on the part of TNT to endeavor to collect any such indebtedness from or to proceed against applicant. Guarantor consents to any extension of time for payment, change in the form of the debt or the terms thereof or in the rate of interest. The validity of this Guarantee shall not be impaired by the dissolution, change of status of personnel on the part of the applicant, nor by any act, omission, extension, forbearance, indulgence, or any other like transaction of any kind whatsoever, and no such act or omission shall be construed in any way to impair the obligations of the Guarantor. Guarantor waives any right to require TNT to proceed against the applicant, waives any other condition precedent to any liability on this Guarantee, and waives all presentments, demands for performance, notices of non-performance, protest, and notices of acceptance of this Guarantee. Guarantor waives all claims against the applicant, including subrogation rights, and Guarantor consents and agrees that the bankruptcy of one or more of the applicants shall not relieve Guarantor of any obligations assumed hereunder. All parties acknowledge TNT would not have entered into this credit agreement and advanced the credit evidenced hereby but for Guarantor's personal guarantee. This Guarantee is independent of the obligations of the applicant, and separate litigation may be brought and prosecuted against Guarantor, whether applicant is joined in any such litigation. In the event litigation is instituted against the Guarantor on account of, in connection with, or based upon this Guarantee, Guarantor agrees to pay, in addition to costs and disbursements, such sum as a court may adjudge reasonable as attorney fees in any such litigation and upon any appeal therefrom. This Guarantee shall inure to the benefit of TNT, its successors and assigns.

Individual Guarantor #1

Print Name _____ Signature _____ Date _____

DOB _____ Social Security Number _____

Individual Guarantor #2

Print Name _____ Signature _____ Date _____

DOB _____ Social Security Number _____

For office use only

Billing Cycle _____

PUC Taxable		Voyager		Print Card Label		Vehicle Stmt	
Domestic		Product Summary		Daily Stmt		Dept/Veh Stmt	
Remote		Cust Vehicle ID		Misc Pump Entry		Dept/Card Stmt	
Fuelman							