

River-Roads Distributing Co Dba River-Roads Sales & Leasing/ River-Roads Trailer Repair 1520 Chain of Rocks Rd., Granite City, IL 62040 Phone 314-389-7487



APPLICATION FOR CREDIT

PLEASE COMPLETE ALL CREDIT INFORMATION IN DETAIL. A complete form provides

information that will help us better respond to your equipment needs and helps expedite the approval process.

If you have any questions about how to complete this application form, please feel free to contact River-Roads Distributing Co. 314-389-6280, Thank you.

Copies of your most recent year-end financial statements are required for all lease arrangements of 12 months or longer and for self-insurance requests. Financial statements are held in the strictest confidence and will be forwarded to our credit manager for review.

Thank you for your interest in doing business with River-Roads Distributing Co. We look forward to servicing your trailer needs. Please print or type.

CUSTOMER INFORMATION

Company Name (legal Name):	President/CEO
Street Address:	Officer (Name/Title):
City: State: Zip Code	e: Email Address:
Phone #: (included area code) Fax #: (included area code)	ode) Website:
Cell Phone #: Nextel DC #:	
Billing Address (If different from Street Address): Street Address:	
City: State: Zip Code	e: PAGE 1

Business Type

beleet the option that best deser	illes your business type.	
□ Sole Proprietorship		
First Name: Middl	e: Last:	Corporation Federal ID#:
Date Of Birth (mm/dd/year):		
/ /	* By selecting Sole Proprietorship, you authorize River-Roads Dist. Co. to	Partnership
Social Security #:	conduct a personal credit check to verify the information on this application.	Tax ID#:
General Business Information Date Operation Began (mm/dd/ / /		umber of employees:
Type of Business (check all tha		d/Step deck Hazardous Material
	rs \Box Trailer requiring Overhead D	_
Are Purchase Orders required to Yes NO If YES, Contact Person	o do business with your company?	Phone
Tax Exemption Certificate is on	must provide a Tax Exemption Certi n file, please forward a copy of your	ficate. Sales tax will be charged unless a ICC Authority if you are a tax-exempt valent sales tax exemption certificate.
Hazardous Material Are you a transporter of hazard Yes NO	ous material, refuse, or waste hauler	as regulated by Motor Carrier Act 1980?

Select the option that best describes your business type:

If yes, MC-990 endorsement must be on your auto liability policy. Specify the type of material, refuse, or waste your company hauls.

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Insurance Requirements

Please fax a copy of your insurance, (a copy has been included for reference), please include River-Roads Distributing Co. as **additional insured and loss payee.** Minimum liability coverage required:

- Commercial General Liability \$1 Million
- Auto Liability \$1 Million
- Comprehensive and Collision Coverage with insurance equal to the value of the leased equipment, coverage should include, but not limited to, fire, theft, and collision.

Reference Information

Bank and Trade references (Please list equipment references – rent, lease, or finance.) **Bank Reference**

Bank	Name:
Dank	Iname.

Contact:

Street Address:			Account Number:
City:	State:	Zip Code:	Email Address:
Phone #: (included area cod	le) Website:		
* Please supply as many as #1 Name:	possible, as this w	vill help expedite	the approval process. Contact:
Street Address:			

City:	State:	Zip Code:		Email Address:
Phone #: (included area code)	Vebsite:		_	

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Credit Reference (cont.)

#2 Name:	Contact:
Street Address:	
City: State: Zip Code:	Email Address:
Phone #: (included area code) Website:	

#3 Name

#3 Name:			Contact:	
Street Address:				
City:	State:	Zip Code:	Email Address:	
Phone #: (included area code)	Website:			

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Credit Reference (cont.)

#4 Name:			Contact:	
Street Address:				
City:	State:	Zip Code:	Email Address:	
Phone #: (included area code)	Website:			

I hereby authorize River-Roads Distributing Co. to obtain a report from any credit-reporting agency or from any other source(s) pertaining to this company's credit history. I also authorize River-Roads Distributing Co. to obtain a personal credit report from any reporting agency or any other source pertaining to personal credit history. I also authorize my drivers and employees to sign for the company when picking up trailers, parts, or repairs. Customer is responsible for any attorney's fees and court cost in case of suit. Service charges will be added on all pass due invoices to the maximum allowable by law. I agree to the above terms and attest to the above information to be true and correct, to the best of my knowledge.

Signature	Print Name	Title	Date

Credit Card Information

River-Roads Distributing Co. requires a credit card with a minimum credit limit of \$1000.00 to accompany the credit application and to remain on file until River-Roads Distributing Co. chooses to release the applicant of this requirement. When the applicants' account exceeds 30 days from date of invoice, that amount will be charged to the credit card on file. Please provide the following information, which will be held in the strictest confidence and forwarded to our credit manager. We accept Visa, MasterCard, and Discover.

Credit Card:

□ VISA □ MasterCard □ Discover Credit Card #:

Expiration Date (mm/year):

/

Name as it appears on the card (print):