

# ***RUSTY'S TOWING SERVICE INC.***

4845 OBETZ-REESE ROAD

COLUMBUS, OHIO 43207

OFFICE: (614) 491-6288      FAX: (614) 491-3511

TOLL FREE: 1-800-478-7897

## **CREDIT APPLICATION**

TYPE OF BUSINESS:      \_\_\_\_\_ CORPORATION  
   \_\_\_\_\_ PARTNERSHIP  
   \_\_\_\_\_ INDIVIDUAL

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE #:      OFFICE: \_\_\_\_\_  
   FAX:      \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_

\_\_\_\_\_ CITY      STATE      ZIP

\_\_\_\_\_ COUNTY

BILLING ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_

\_\_\_\_\_ CITY      STATE      ZIP

\_\_\_\_\_ COUNTY

# OF YEARS AT PHYSICAL ADDRESS: \_\_\_\_\_      # OF YEARS IN BUSINESS: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_      TAX ID #: \_\_\_\_\_

TAX EXEMPT:      \_\_\_\_\_ YES      \_\_\_\_\_ NO  
( IF SO PLEASE COMPLETE ATTACHED TAX EXEMPTION CERTIFICATE)

### **PRINCIPLES & OFFICERS OF BUSINESS**

\_\_\_\_\_  
NAME      POSITION

\_\_\_\_\_  
STREET

\_\_\_\_\_ CITY      STATE      ZIP

\_\_\_\_\_ PHONE #      FAX #

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

TRADE REFERENCES:

1.)

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

2.)

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

3.)

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

4.)

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX #

We would like to take this opportunity to thank you for filling out this application for credit. We look forward to many years of service with your company.

Sincerely,  
William R. McQuirt  
& the staff of Rusty's Towing+A1

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## **AGREEMENT FOR THE PAYMENT OF SERVICES**

\_\_\_\_\_ agrees to the terms of net balance due 30 days from the date of services provided by Rusty's Towing service Inc. Please provide the following information your company may require for payment of services rendered to Rusty's Towing.

DOES YOUR COMPANY REQUIRE A PURCHASE ORDER #: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE PROVIDE THE NECESSARY INFORMATION OUR COMPANY WILL NEED TO OBTAIN THIS PURCHASE ORDER REQUEST.

NAME OF CONTACT: \_\_\_\_\_

(PLEASE UPDATE IF CHANGES)

OFFICE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

STREET

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

WHAT METHOD OF PAYMENT CAN WE EXPECT FROM YOUR COMPANY:

\_\_\_\_\_ CASH

\_\_\_\_\_ CHECK

\_\_\_\_\_ CREDIT CARD

TYPE OF CARD: \_\_\_\_\_

NAME & TITLE OF PERSON COMPLETING THIS FORM:

\_\_\_\_\_

NAME

\_\_\_\_\_

TITLE

By signing this agreement your company accepts and agrees to the above mentioned terms and will release payment to Rusty's Towing within 30 days of the date of services rendered. A finance charge of 18% APR (1 1/2 % monthly) will be applied to the entire balance on all delinquent accounts.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE