



CUMBERLAND INTERNATIONAL TRUCKS, INC.
CREDIT APPLICATION

PLEASE FAX TO: (615) 255-8318

DATE \_\_\_\_\_

CUSTOMER NAME
STREET ADDRESS
CITY, STATE & ZIP
MAILING ADDRESS (if different from above)
EMAIL ADDRESS
PHONE NUMBER FAX NUMBER

FEIN#
IF INDIVIDUAL, PLEASE GIVE SOCIAL SECURITY NUMBER

Accounts Payable Contact Purchase orders required YES NO

Company Structure Corporation Division Subsidiary Partnership Proprietorship

Duns #

Sales Tax Exemption Number ICC Number
(Please provide exemption certificate)

Year established At present location since Owned Leased from

Nature of Business (i.e., Retail, Landscape, etc.)

Amount of Credit Requested \$

Company Executive who we may contact for financial information

Table with 5 columns: OFFICERS/OWNERS, TITLE, SOC SEC, HOME ADDRESS, PHONE. Includes sub-headers NAME and TITLE.

Number of Motor Trucks Owned and Operated in the Business

Name of Financial Institutions Used to Finance Trucks

Person Authorized to Make Purchases:

