



CUSTOMER CREDIT APPLICATION

Cumberland International Trucks, Inc



Business Name		How Did You Hear of Cumberland? (check one) <input type="checkbox"/> Cold Call <input type="checkbox"/> Direct Mail <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Internet Search <input type="checkbox"/> Saw One of Our Vehicles
Business Address		
Billing Address (if different)		
Fed ID #		
DOT#		Will a PO Be Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Contact	Title	Insurance Agent's Name, Address and Phone No Below
Main Office Phone Number	Fax Number	Name
Principal of Business	Title	City State Zip
Type of Business	# of years in Business	Telephone Number
D&B Rating	Sales Tax #	Policy Number
AP Contact Name:		AP Contact Phone Number:
		AP Contact Email:

BANK REFERENCE
Bank Name and Contact:
Address
City State Zip
Telephone Number: Fax Number:
Contact's Email Address:
Account Number:

The applicant authorizes Cumberland International Trucks, Inc. and their subsidiaries or related entities to obtain written or oral credit reports from any credit-reporting agency. The applicant authorizes any bank or business with which the applicant has current or inactive experience to give any and all necessary information to Cumberland International Trucks, Inc., which will assist in the credit investigation.

TRADE REFERENCES
Name and Contact:
Address
City State Zip
Telephone Number: Fax Number:
Contact's Email Address:
Account Number:

TERMS: Net 30 days. A late charge of 1.5% per month will be assessed to all amounts not paid by the 31st day from the invoice date (maximum 18% per year interest). 60-day accounts automatically become C.O.D. It is understood and agreed to that, in the event of non-payment of the account, seller may refer the matter of the collection of said account to any person or collection agency or to the collection department of the seller for collection. Buyer will notify seller or any changes in company structure. In the event it becomes necessary for our firm to file suit to enforce payment we shall be entitled to court costs, attorney's fees and interest at the rate of 1% per month on all amounts due and payable.

Name and Contact:
Address
City State Zip
Telephone Number: Fax Number:
Contact's Email Address:
Account Number:

FOR IDEALEASE USE ONLY	
<input type="checkbox"/> FSL <input type="checkbox"/> DM <input type="checkbox"/> Rental	
Estimated Monthly Billing \$	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Limit \$:
Approved by:	Date:

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS, HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE AND HAVE RETAINED A COPY OF THIS AGREEMENT FOR MY RECORDS. I FURTHER AUTHORIZE THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.	
The applicant hereby authorizes Idealease to investigate all of the references provided above.	
Customer Signature:	
Title	Date

Comments:	
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