



APPLICATION FOR CREDIT

TRUSS COMPONENT SERVICES, Inc.

P.O. BOX 161, LEAD HILL, AR 72644

DON DICKEY: 870-577-1277

ODELL DICKEY: 870-577-2463

FREDDY CHRISTIAN: 479-754-9909

FAX 866-650-1124

FAX 870-436-4478

FAX 501-325-1460

E-Mail---Information@trusspe.com

FULL NAME: _____
SS#/FED ID#: _____ HOME PHONE: _____
BUSINESS NAME: _____ PHONE: _____
BILLING ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
SHIPPING ADDRESS: _____ TAX I.D.: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____ **PLEASE ATTACH A COPY OF YOUR TAX ID NUMBER.**

CREDIT REQUESTED PER MONTH: \$ _____

CREDIT REFERENCES

BANK: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
LOAN OFFICER: _____ PHONE: _____

BANK: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
LOAN OFFICER: _____ PHONE: _____

VENDOR: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
ACCOUNT #: _____ FAX: _____

VENDOR: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
ACCOUNT #: _____ FAX: _____

Invoices are due in full within 30 days from the date of purchase. All future orders will be placed on credit hold if account becomes past due. Reasonable attorney fees plus 1% interest/month are charged if this account becomes past due and/or is placed with an attorney for collection

I certify that I have read, understand and agree to the above stated terms. Let my signature also serve as my authorization to the above credit reference to release all credit information on my company and myself.

Signature: _____ Date: _____

Position with company: _____