



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 1-866-504-1124

Fax 1-870-436-4478

Fax 1-501-325-1460

SS#/FED ID#: _____ HOME PHONE: _____
 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 of Responsible Party: _____ Date: _____

Position with company: _____