

APPLICATION FOR CREDIT

Sagon Truck & Equipment

(770) 471-8871

8871 Tara Boulevard Jonesboro, GA 30236 E-mail: hsagon@gmail.com Visit our website: sagontrucks.com

BUSINESS NAME: _____ PHONE: (____) ____ - _____

BILLING ADDRESS: _____ FAX: (____) ____ - _____

CORPORATE ADDRESS: _____

CITY, STATE, ZIP: _____

DESCRIPTION OF BUSINESS ACTIVITIES: _____

ORGANIZATION: Federal ID Number: _____ Year Business Started: _____

(Check one) CORPORATION State of Incorporation _____ Date of Incorporation _____

President: _____ Chief Financial Officer: _____

PARTNERSHIP (list names of partners below) PROPRIETORSHIP (list name of owner below)

Owner/Partner Name, Home Address Social Security # Date of Birth

BANK REFERENCE: Name: _____ Phone: (____) ____ - _____

Address: _____

Checking A/C: _____ Loan #: _____

Contact: _____

TRADE/SUPPLIER REFERENCES:

Name Address

1. _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Account No. _____

2. _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Account No. _____

3. _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Account No. _____

4. _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Account No. _____

SALES TAX: TAXABLE County/local taxes which apply: _____

EXEMPT Please attach your completed exemption certificate with this application.

Check one: Resale Direct Pay Govt Unit

Other (explain) _____

We expect our first purchase to be on approximately _____. We expect our monthly credit

requirement to be approximately \$ _____.

REQUIRE P.O.# Yes No

All of the statements made in this application are true, correct, and made for purposes of securing credit with Sagon Trucks and Equipment Corporation. I authorize all bank and trade references to release reference information by telephone, fax, or in writing. In signing this application, I acknowledge terms of payment on Sagon Trucks and Equipment's invoices to be Net Upon Receipt. I hereby agree to abide by those terms and represent that I/the Company is financially capable of payment for all charges on account.

By: _____ Date: _____

(Owner/Partner/Authorized Corporate Signer/Title)

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