

OLD DOMINION TRUCK LEASING CREDIT APPLICATION



Providing
customized services

Legal Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax: _____

Tax ID or Social Security Number: _____

Type of Business: Corporation Partnership Sole Proprietorship

Annual Income: _____ Years in Business _____

Principal Business Activities _____

NAMES OF OFFICERS, PARTNERS OR OWNER(S)

Name: _____ Title: _____ e-mail: _____

Name: _____ Title: _____ e-mail: _____

Dun & Bradstreet #: _____

Bank Name: _____ Account # _____

Contact: _____ Phone: _____

OTHER PERSONS AUTHORIZED TO CHARGE TO THIS ACCOUNT

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Are Purchase Order Numbers required? Yes No

AGREEMENT

Our billing terms are net fifteen (15) days. Any invoice that remains unpaid beyond thirty (30) days is subject to a finance charge of 2% per month (24% APR). If not paid within thirty (30) days, convenience of the account may be suspended or account privileges withdrawn until the account is paid in full.

In the event that Old Dominion Truck Leasing, Inc., must take legal action to collect this account, I agree to pay reasonable attorneys' fees, thirty-three per cent (33%) of the outstanding balance, court costs, sheriff's fees and bond costs incurred by Old Dominion Truck Leasing, Inc.

I certify that all of the information on this application is correct, and give Old Dominion Truck Leasing, Inc., permission to make any inquiries.

Applicant's Name: _____

Applicant's Title: _____

Date: _____

APPLICANT: Fax your completed application to **(804) 275 7847**, or mail it to:

Credit

Old Dominion Truck Leasing

Post Office Box 730

Chesterfield, VA 23832