

**Corporate Office:**

Transteck, Inc.  
P.O. Box 4174  
Harrisburg, PA 17111-  
Ph: 717-564-6151  
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**TRANSTECK, INC.  
CREDIT APPLICATION**

www.pennfreightliner.com  
Email to:  
gblazer@pennfreightliner.com



**Credit Requested For: (check all that apply)**

\_\_\_ Freightliner of Harrisburg \_\_\_ Freightliner of Lancaster \_\_\_ Freightliner of Philadelphia \_\_\_ Freightliner of Hagerstown  
\_\_\_ Freightliner of Bridgeport \_\_\_ Freightliner of York \_\_\_ Freightliner of Elkton \_\_\_ Freightliner of Altoona  
\_\_\_ Freightliner of Delmarva \_\_\_ International of Delmarva \_\_\_ Freightliner of New Stanton \_\_\_ Easton Truck Center

**Business Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**DBA:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_ **Billing Address:** \_\_\_\_\_

**Amount of Credit Requested:** \$ \_\_\_\_\_ **At current location for** \_\_\_\_\_ **years/mo.**

**Type of Business:** \_\_\_\_\_ **Date Established:** \_\_\_\_\_

**Former Business Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Ownership/Co Type:** Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation: \_\_\_\_\_ **FEIN #:** \_\_\_\_\_

**Principal/Officer:** \_\_\_\_\_  
(Name) (Title) (SS#)

**Principal/Officer:** \_\_\_\_\_  
(Name) (Title) (SS#)

**Principal/Officer:** \_\_\_\_\_  
(Name) (Title) (SS#)

- Number of Employees: \_\_\_\_\_ Do you require a P.O.? Yes \_\_\_\_\_ No: \_\_\_\_\_
- Are you Sales Tax Exempt? Yes \_\_\_\_\_ No: \_\_\_\_\_ State Exemption #: \_\_\_\_\_  
(NOTE: A signed current copy of the Exemption Form must be attached in order for exemption to be considered valid)
- Are you subject to Phila City Sales Tax (Yes / No) \_\_\_\_\_ Are you subject to Allegheny Sales Tax (Yes / No) \_\_\_\_\_
- Does State, County or City require a Sales Tax License? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, License #: \_\_\_\_\_

**Trade References:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCE:**

\_\_\_\_\_  
(Name) (Address) (Account #) (Contact)

Have you, your firm or any of its principals ever been placed for collection, had liens filed against them, had legal action taken against them or filed for Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. All information submitted is considered confidential. You are authorized to investigate the applicant's credit and that of the principals listed and to contact the credit references.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (**10<sup>th</sup> of the month following billing statement**) and agrees to pay a service charge of 1.5% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. Any account that goes and remains inactive for a period of 6 months from date of last invoice is subject to review and or change.

\_\_\_\_\_  
(Name of Business, or Proprietor)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

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### PERSONAL GUARANTEE

In consideration for TransTeck, Inc., extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to TransTeck, Inc., by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between TransTeck, Inc., and the business. TransTeck, Inc., shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by TransTeck, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by TransTeck, Inc. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please print name of person guaranteeing payment, **NO TITLE**)

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

SS#: \_\_\_\_\_

Signature of person guaranteeing payment: \_\_\_\_\_

Name of Business whose account is guaranteed: \_\_\_\_\_

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### CREDIT DEPARTMENT USE ONLY

Date: \_\_\_\_\_

Line of Credit: Approved / Denied

Amount \$ \_\_\_\_\_

Comments: