CREDIT APPLICATION FORM

Please email to sales@fyxfleet.com or fax back to (859) 818-0401



Date of	f Application:											
Bill to:												
Trade Name (DBA):					Ge	neral Offices:						
	Legal Name:					St	reet Address:					
Mailing	g Address:						P.O. Box:					
City:		S	State:	Zip:		City:			State:		Zip:	
	Billing					Accou	ınts Payable Co	ntact:				
Phone:							ieneral Office F	hone:				
Billing Fax:							General Offic	e Fax:				
Busines	ss Facts:											
Federa	al Tax ID# (requi	ired):					□Proprieto	rship	□Corpo	ration		
	tach certificate with)				Partnership					
	Dun & Bradstre											
-	B #, or no D&B finar			ıst provide la	ast 2 years o	of financial s	_			and bal	ance she	eets)
Incorp	orated under s	tate laws	of:				on this date	e (requir	red):			
	Complete the	e following	g informat	tion for two	o corpora	te officers,	partners, or an i	individu	al propri	etor		
(1) Na	Complete the	e following	; informat	tion for two	o corpora	7	<i>partners, or an i</i> lame and Title:		al propri	etor		
		e following	g informat	tion for two	o corpora	(2) N	-		al propri	etor		
	ame and Title:		g informat	Zip:		(2) N	lame and Title:		al propri	etor	Zip:	
Maili City:	ame and Title:					(2) N	lame and Title:		1	etor	Zip:	
Maili City:	ame and Title: ing Address: Home Phone:					(2) N	lame and Title:		1	etor	Zip:	
Maili City:	ame and Title: ing Address: Home Phone:					(2) N Mailir City:	lame and Title:		1	etor	Zip:	
Maili City:	ame and Title: ing Address: Home Phone: nformation: Bank Name:					(2) N Mailir City:	lame and Title:		State:	etor		
Maili City: h	ame and Title: ing Address: Home Phone: nformation: Bank Name: Address:					(2) N Mailir City:	lame and Title: ng Address: Home Phone:		1	etor	Zip:	
Maili City: h	ame and Title: ing Address: Home Phone: nformation: Bank Name:			-		(2) N Mailir City:	lame and Title: ng Address: Home Phone: Account Numb		State:	etor		
Maili City:	ame and Title: ing Address: Home Phone: nformation: Bank Name: Address:			-		(2) N Mailir City:	lame and Title: ng Address: Home Phone:		State:	etor		
Maili City:	ame and Title: ing Address: Home Phone: nformation: Bank Name: Address: Bank Contact:			-		(2) N Mailir City:	lame and Title: ng Address: Home Phone: Account Numb		State:	etor		e#
Maili City: Bank In	ame and Title: ing Address: Home Phone: nformation: Bank Name: Address: Bank Contact: References:			-		(2) N Mailir City:	Account Numb		State:	etor	Zip:	e#
Maili City:	ame and Title: ing Address: Home Phone: nformation: Bank Name: Address: Bank Contact: References:			-		(2) N Mailir City:	Account Numb		State:	etor	Zip:	e#

List only those accounts that you have an established line of credit with. No personal references. No COD only accounts.

CREDIT APPLICATION FORM (page 2)

Agreement

Parties hereby agree that all purchases of goods and/or services from TRAC Interstar LLC, d/b/a FYX (hereafter referred to as "FYX") are subject to the following terms and conditions:

- 1. Once approved, this application constitutes a contract to conduct business between FYX and the applicant.
- 2. All amounts due for goods and services purchased from FYX are payable (in US Funds) at PO Box 145400, Mail Location 513, Cincinnati, OH 45250-5400.
- 3. Terms for <u>services rendered are net 30 days</u>, unless otherwise stipulated in writing and agreed to by all parties. If an amount due FYX is not paid within terms, a finance charge of 2% per month of the delinquent balance, or such rate allowable by law, may be added to the invoice amount, and will become due immediately.
- 4. Should it become necessary, reasonable attorney's fees, interest and costs associated with the collection of past due debts will be paid by the debtor.
- 5. Goods and/or services purchased from FYX are not payable in installments.

Release Of Credit Information

Applicant authorizes FYX to inquire into, and obtain from any bank, lending institution, or credit reference, whether listed on the Credit Application or not, any and all information relating to the applicant's credit worthiness and/or financial condition.

Applicable Law

This agreement shall be governed by and construed and enforced in accordance with the substantive laws of the Commonwealth of Kentucky without regard to or application of its choice of law or conflict of law rules; and the parties hereby disclaim and exclude the application of the United Nations Convention on the International Sale of Goods, to the extent such law is applicable to the scope of the services contemplated by this Agreement. The parties agree that any lawsuit institute, filed, or commenced by either of the parties against the other shall be exclusively heard and adjudicated in the federal and state courts located in Covington, Kenton County, Kentucky.

Tax Exemptions

If your company is tax exempt, please provide appropriate tax exemption forms for each applicable state.

Name of officer, owner or partner: Signature:	Date:											
Title:												
Credit Limited Requested: □\$2,500 □\$	5,000 □\$10,000	□Other: \$										
Point of contact regarding credit:												
Name:	Phone:	Email:										
Point of Contact regarding FYX customer profile:												
(Person authorized to make decisions regarding repairs) Name:	Phone:	Email:										