

CREDIT APPLICATION FORM

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



Date of Application:

Bill to:

Trade Name (DBA): <input type="text"/>	General Offices: <input type="text"/>
Legal Name: <input type="text"/>	Street Address: <input type="text"/>
Mailing Address: <input type="text"/>	P.O. Box: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Billing <input type="text"/>	Accounts Payable Contact: <input type="text"/>
Phone: <input type="text"/>	General Office Phone: <input type="text"/>
Billing Fax: <input type="text"/>	General Office Fax: <input type="text"/>

Business Facts:

Federal Tax ID# (required): Proprietorship Corporation Partnership
(Must attach certificate with application)

Dun & Bradstreet #:
(If no D&B #, or no D&B financial info, applicant must provide last 2 years of financial statements including income statements and balance sheets)

Incorporated under state laws of: on this date (required):

Complete the following information for two corporate officers, partners, or an individual proprietor

(1) Name and Title: <input type="text"/>	(2) Name and Title: <input type="text"/>
Mailing Address: <input type="text"/>	Mailing Address: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Home Phone: <input type="text"/>	Home Phone: <input type="text"/>

Bank Information:

Bank Name: Phone:

Address: City: State: Zip:

Bank Contact: Account Number(s)

(required):

Trade References:

	Name	Address	Phone#
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Failure to complete application completely may cause delay in processing.

Agreement

Parties hereby agree that all purchases of goods and/or services from FYX Fleet, LLC. 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 791661, Baltimore, MD 21279-1661.
3. Terms for services rendered are net 30 days, 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:

Point of Contact to send invoices

Name:

Phone:

Email:

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