



U.P. TRUCK CENTER, INC.

P.O BOX 261 HIGHWAY US-2
QUINNESEC MI. 49876
www.uptruckcenter.com
Call Toll Free 888-744-8797
Fax 906-774-9480



Credit Application Parts and Service

Amount of Credit Applied For: \$ _____

Business Information:

Name of Business or Individual			
Mailing Address			
City, State, Zip Code			
Type of Business			
Telephone, Fax, Cell			
Principal Owner/Guarantor:	Title	SSN	Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No

Ownership Type: Corporation Partnership Individual

Business References: (Preferably from Parts Purchases & Labor)

Name	Address	Phone & Fax
1)		
2)		
3)		

Terms: All invoices are due by the 10th of the month following the month of the charge. Invoices not paid within terms will be subject to a 2% charge per month until paid.

For value received, and to induce U.P. Truck Center, Inc. to extend credit or to grant or continue other accommodations to the business named above, I personally guarantee payment of all indebtedness or liability incurred by said business. This guarantee binds my heirs, personal representatives, successors, and assigns.

Upon signature of this Application, I certify that all information on this form is correct and that I fully understand the credit terms and agree to proper payment in consideration of extended credit.

Signed: _____	Guarantor Name: _____
Printed Name: _____	Guarantor Signature: _____
Title: _____	Title: _____ (Only applicable if Guarantor is NOT an individual)
Dated: ___ / ___ / ___	Dated: ___ / ___ / ___

For Office Use Only:

Approved by:

Date: