



ALL PURCHASES OR REPAIRS MUST BE PAID BY THE 10TH OF THE MONTH FOLLOWING RECEIPT OF STATEMENT. ACCEPTABLE FORMS OF PAYMENT ARE CHECK OR ACH. ANY OPTIONAL FORM OF PAYMENT WILL NEED PRIOR APPROVAL AND COULD INCUR ADDITIONAL CHARGES. ACCOUNT OVER 60 DAYS WILL AUTOMATICALLY BE PLACED ON A HOLD STATUS.

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

TYPE OF BUSINESS:

HOW LONG IN BUSINESS:

ARE PURCHASE ORDERS NEEDED: Y  / N

ARE YOU TAX EXEMPT: Y  / N  IF YES TAX ID #:

How would you like to receive Invoices and Monthly Statements?

Regular Mail (\* Please note if Billing Address is different than above)

Via Fax

Via Email Email Address for Billing:

NAME OF FINANCIAL INSTITUTION:

ADDRESS:

PHONE NO:

CONTACT:

1. NAME: CONTACT:  
EMAIL: PHONE: FAX:  
ADDRESS: CITY: ST: ZIP:

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2. NAME: CONTACT:  
EMAIL: PHONE: FAX:  
ADDRESS: CITY: ST: ZIP:

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3. NAME: CONTACT:  
EMAIL: PHONE: FAX:  
ADDRESS: CITY: ST: ZIP:

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4. NAME: CONTACT:  
EMAIL: PHONE: FAX:  
ADDRESS: CITY: ST: ZIP:

**BY SIGNING BELOW APPLICANT ACKNOWLEDGES THAT HE/SHE HAS READ, FULLY UNDERSTANDS AND AGREES TO BE BOUND BY ALL-STATE FORD TRUCK SALES TERMS OF SALES AS STATED HEREIN. APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE UNPAID BALANCE, INCLUDING INTEREST ON THE UNPAID BALANCE AS ALLOWED BY STATE LAW AND ANY REASONABLE ATTORNEY'S FEES INCURRED. THE UNDERSIGNED HEREBY AUTHORIZED ALL-STATE FORD TRUCK SALES TO COMMUNICATE WITH ANY OR ALL OF THE CREDIT REFERENCES LISTED ABOVE AS WELL AS ANY OTHER CREDIT SOURCES.**

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE:

PRINTED NAME OF AUTHORIZED SIGNATURE:

\*\*\* PLEASE EMAIL COMPLETE APPLICATION TO: [AR@ALLSTATETRUCKS.COM](mailto:AR@ALLSTATETRUCKS.COM) OR FAX TO (502) 458-7039 \*\*\*