



Please complete form and fax to: **1.888.855.9633**
 or return mail to TruckersB2B, 9503 E. 33rd Street,
 Indianapolis, IN 46235



CREDIT APPLICATION

APPLICANT INFORMATION

Company Name:			
Address:			
City:	State:	ZIP:	
Billing Address: (if different from above)			
City:	State:	ZIP:	
Telephone: ()	Fax: ()	E-mail:	
Contact Person:		Billing Attention To:	
Annual Sales:\$	Years in Business:	Years in Control:	Federal Tax ID:
Number of Vehicles/Employees/Drivers: / /		Net Worth: \$	Business Type:
Have you ever applied for a Comdata account? Yes No (circle one)			__ Corporation __ Partnership __ Sole Proprietor __ LLC

KEY PERSONNEL (Must complete A and/or B - depending upon type and sales)

A) Large Corporation or LLC - over \$5,000,000 annual sales	
President:	Controller:
Incorporated in: (YEAR)	State of:

Unsecured credit requires annual financial statements with notes and your most recent interim statement.

B) Partnership, Sole Proprietorship, Small Corporation or LLC (annual sales to or less than \$5,000,000)			
Principal Owners:	Social Security #:	Driver's License #	ST:
Home Address:	City:	ST:	ZIP: Home Phone: ()
Principal Owners:	Social Security #:	Driver's License #	ST:
Home Address:	City:	ST:	ZIP: Home Phone: ()

BANKING REFERENCE ***Please fax a voided check copy along with this application

Bank Name:	Address:	City:	ST:	ZIP:
Contact Name:	Phone: ()	Type of Account:	Account Number:	

By signing below, Applicant hereby authorizes its banking reference to release its credit history and credit information to Comdata Network, Inc. for purposes of credit evaluation, and Applicant gives Comdata permission to obtain credit reports to check Applicant's credit standing. Please attach a copy of Applicant's current financial statement. If requested by Comdata, Applicant agrees to furnish additional financial information. Additionally, each undersigned individual, as an officer, principal, partner or sole proprietor of Applicant, recognizes that his/her individual credit history may be a factor in the evaluation of the credit history of Applicant and does hereby consent to and authorize the use of his/her consumer credit report by Comdata from time to time as needed in the credit evaluation process. All financial information will be kept confidential.

This application does not entitle Applicant to receive an extension of credit from Comdata. By signing below, each individual affirms that all information stated in this application is true and correct to the best of his/her knowledge.

AGREEMENT

1. Applicant agrees that extension of business credit and/or C.O.D. terms by TruckersB2B, INC, its divisions and/or subsidiaries, shall be subject to and in consideration of the following:
2. Terms will be determined after review of credit application.
3. No deductions and/or alterations of the invoice amount will be made without prior written approval.
4. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection fees, court costs, and attorney's fees shall be paid by applicant.
5. The undersigned hereby authorizes and instructs the above mentioned banks and companies to release the information requested by TruckersB2B, Inc., its divisions and/or subsidiaries.

x _____ Signature & Title (Principal Owner or Company Officer must sign)	x _____ Signature & Title (Principal Owner or Company Officer must sign)
x _____ Name (Printed) & Date	x _____ Name (Printed) & Date

COMDATA OFFICE USE ONLY. THIS SECTION TO BE COMPLETED BY COMDATA

Purchase Card Travel & Entertainment Fleet Card Debit Card TSD

Please select all transaction types above that apply and monthly estimate of spend dollars below

_____ **P-Card** _____ **T & E Card** _____ **Fleet Card** _____ **Debit**

Method of Payment: _____ Credit Line Requested: \$ _____

Payment Schedule: _____ # of Cards Requested: _____