

DEALER USE ONLY: CUSTOMER WAITING? \_\_\_\_\_ OR, WHEN NEEDED? \_\_\_\_\_ SALE PENDING \$ \_\_\_\_\_ REPLY TO \_\_\_\_\_  
Phone & ext \_\_\_\_\_

Dealer # \_\_\_\_\_

**Interstate Billing Service, Inc**  
1025 FIFTH AVENUE S.E. – P.O. BOX 2250 – DECATUR, ALABAMA 35601  
Phone Numbers 800-332-9140 (ext 7) (256) 260-1750 Fax (256) 260-0046

You may return this application to: [ibs\\_credit@bibank.com](mailto:ibs_credit@bibank.com)

### CREDIT APPLICATION

Trade Name \_\_\_\_\_ Legal Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Former Address (5yr minimum) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Site Address \_\_\_\_\_ Job Site Phone # \_\_\_\_\_  
Type Business \_\_\_\_\_ Date business started \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Fed ID# \_\_\_\_\_ Corporation \_\_\_\_\_ LLC Corp. \_\_\_\_\_ Partnership, LP or LLP \_\_\_\_\_ Proprietorship \_\_\_\_\_ - If proprietorship,  
Home Address \_\_\_\_\_  
Social Security # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email address \_\_\_\_\_  
Home Office/Parent Co. \_\_\_\_\_ City/State \_\_\_\_\_ Website \_\_\_\_\_  
Name and title of person to contact \_\_\_\_\_ MC# if applicable \_\_\_\_\_  
Company Principals \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_

If financial statement can be provided, please forward with credit application.

Bonding Company & Phone # \_\_\_\_\_

Have you ever taken BANKRUPTCY? \_\_\_\_\_ When? \_\_\_\_\_ Explain \_\_\_\_\_

Bank Name & Branch \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Account# \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Bank Officer in charge of account \_\_\_\_\_ Estimated Monthly Credit Requirement \$ \_\_\_\_\_

Subject to Purchase Orders? Yes \_\_\_\_\_ No \_\_\_\_\_ Authorized person to issue P.O. \_\_\_\_\_

Credit limits are based on information received from credit references. Please provide your largest unsecured creditors. List name, address, phone number and fax number of four companies from whom purchases are made on open accounts. Please list references related to your type business or industry. **(No oil companies or credit cards please.)**

	Company Name	City	State	Phone Number	Fax Number
1.	_____	_____	_____	( ) _____	( ) _____
2.	_____	_____	_____	( ) _____	( ) _____
3.	_____	_____	_____	( ) _____	( ) _____
4.	_____	_____	_____	( ) _____	( ) _____

Have you rented/leased equipment in the past? No \_\_\_\_\_ Yes \_\_\_\_\_ From whom? Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

The above information is given for the purpose of obtaining credit. I/We warrant that all of the information is true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby all of the persons or companies names in the application to release to Interstate Billing Service, Inc., or its representatives, such information with regard to my/our financial condition as may reasonably have a bearing on this application. I/We authorize Interstate Billing Service, Inc. to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/We understand a personal guaranty may be required. If I/We refuse to sign this application, I/We will not be considered as a candidate for credit with Interstate Billing Service, Inc. A credit guideline may be established at our discretion. 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. We agree not to assert any claims or defenses against the accounts purchased by you from any dealer including right of offset for invoices purchased by Interstate Billing Service, Inc.. Receipt of payment acknowledges agreement to the terms and conditions set forth by Interstate Billing Service, Inc. This agreement shall be governed by and construed according to the laws of the State of Alabama. I/We submit to the jurisdiction of any Alabama State or Federal Court sitting in the Northern District of Alabama over any action arising hereunder and agrees that all claims will be brought in such Alabama State of Federal Court. I/We further waive any objection on the basis of forum non-conveniens. As required by Section 4107(d)(2) of the Small Business Jobs Act of 2010, applicant hereby certifies to Interstate Billing Service, Inc. and its affiliates that the principals of applicant and its affiliates have not been convicted of, or pleaded *nolo contendere* to, a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)). Nothing in the Section shall affect the right of IBS to bring any conditions set forth by Interstate Billing Service, Inc. Your account has been **assigned** to Interstate Billing Service, Inc. Make checks payable to the vendor(s). Please **mail all payments c/o Interstate Billing Service, PO Box 2208, Decatur, AL 35609-2208**. Payment terms will be reflected on the monthly statement and/or invoice. If your business should sell or close, it is the applicants' responsibility to advise Interstate Billing Service, Inc. immediately.

With what company/companies do you wish to charge? # \_\_\_\_\_  
(Application will apply to any additional IBS dealers that your company should charge with now or in the future)

Signature \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

The undersigned (whether one or more, the "Guarantor") individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Interstate Billing Service, Inc. including reasonable attorney's fees. This guaranty applies to any and all debts owed to IBS.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_