



A Mergenthaler Company

COMMERCIAL CREDIT APPLICATION AND AGREEMENT

PLEASE INDICATE IF: \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Municipality

Legal Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

Billing Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

A/R Contact \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ In Business Since \_\_\_\_\_

Federal I.D. # \_\_\_\_\_

\_\_\_\_\_  
President or Partner Vice-President or Partner Secretary/Treasurer or Partner

BANK REFERENCES

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

Checking Account# \_\_\_\_\_ Savings Account # \_\_\_\_\_

Checking Account# \_\_\_\_\_ Savings Account # \_\_\_\_\_

Name of loan officer \_\_\_\_\_

Current Loans? \_\_\_\_\_ Yes \_\_\_\_\_ No Previous Loans? \_\_\_\_\_ Yes \_\_\_\_\_ No

CREDIT REFERENCES (WITH AT LEAST ONE YEAR PAYMENT EXPERIENCE)

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_
Street or P.O. Box City State Zip Code

Account # \_\_\_\_\_ Fax Num. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_
Street or P.O. Box City State Zip Code

Account # \_\_\_\_\_ Fax Num. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_
Street or P.O. Box City State Zip Code

Account # \_\_\_\_\_ Fax Num. ( ) \_\_\_\_\_

COMPLETE ONLY IF NON-CORPORATION OR IF CORPORATION LESS THAN 1 YEAR OLD

Owner / Principal Name \_\_\_\_\_

Home Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

Home Telephone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Owner / Principal Name \_\_\_\_\_

Home Address \_\_\_\_\_
Street or P.O. Box City State Zip Code

Home Telephone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

APPLICATION FOR CREDIT, TERMS OF PAYMENT AND PERSONAL GUARANTEE

TERMS OF PAYMENT: Applicant's signature attests to financial responsibility, ability and willingness to pay MTS Freight invoices in accordance with the following terms:

Accounts unpaid over 30 days will be subject to COD status for further services. All past due invoices must be paid in full for credit to be considered again which will only be upon submission of a new credit application.

If the account is placed for collection, applicant agrees to pay all costs of collection, including reasonable attorney's fees that may be incurred seeking enforcement of this agreement or the collection of a delinquent debt.

A service charge of \$25.00 will be made on all returned checks.

The above information is given for the purpose of obtaining an open credit account with MTS Freight and is warranted to be correct, and that the undersigned has read and agrees to the terms of credit hereinafter set forth.

The undersigned further authorizes an investigation of credit history and authorizes credit with MTS Freight.

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

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PERSONAL GUARANTY OF PAYMENT OF AN INDIVIDUAL OR CORP. ACCOUNT

I hereby bind myself to pay MTS Freight on demand, any sum which may become due to MTS Freight by the above company when that company, agency or entity fails to pay as agreed in this document.

It shall be understood that this guarantee is a continuing and irrevocable guarantee and indemnity for such indebtedness of the company.

I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby granted.

As an individual: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

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Please return credit application to:  
MTS Freight Corporate Office Fax# 406-442-4914  
ATTN Credit Department  
1430 Dodge Ave  
Helena, MT 59601