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Decatur, AL 35602

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Email: credit@corpbill.com

SERVICE CENTER

Presented By: _____

Credit Application

Trade Name _____ Phone #1 () _____ Fax # () _____
 Legal Name _____ Phone #2 () _____ Cel# (A) _____
 Billing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 A/P Email Address _____ Website _____ County _____

How would you prefer to receive monthly statements? Email (with invoice images) Standard Mail (without images)

Business Type: Corporation LLC Partnership Sole Owner

Principal Name, Home Address, Home Phone Number, Social Security Number, and % of Ownership: _____

Name of Parent/Holding Co/Subsidiaries/Affiliates/Franchises: _____

Have the Company or any Owners Filed Bankruptcy in Last 7 Years? Yes No

PO Required: Yes No Number of Employees _____ Premises: Owned Leased

Date Business Started _____ Date Business Purchased From Previous Owner _____

Name of Person to Contact With Any Questions: _____ Phone: () _____

If Tax Exempt, List Sales Tax # _____ Federal ID# _____

Bank Reference Name	Bank Officer	Account #	Phone
_____	_____	_____	() _____
_____	_____	_____	() _____

Trade Reference Name	Contact Person	Account #	Phone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

Expected Monthly Credit Requirements from Corporate Billing \$ _____

Agreement: In consideration of the merchandise and services provided and by submitting this application (through electronic or any other means), the applicant agrees (i) to pay for all charges upon receipt of an invoice which has been assigned to Corporate Billing, LLC which such invoice, when rendered, is incorporated herein by reference and (ii) not to assert any claims or defenses against any invoice purchased by or assigned to Corporate Billing LLC including any setoff rights. In the event an unpaid account is placed for collection, the applicant agrees to pay a reasonable attorney's fee, costs of court and any other reasonable cost of collection. This application and the information contained herein is a request for the extension of credit for commercial business use only and the applicant certifies that the firm he/she represents is doing business as a sole-proprietorship, partnership, or a corporation. The applicant authorizes Corporate Billing, LLC to obtain oral or written credit reports from any credit reporting agency, bank or commercial supplier with whom it is doing business or has done any type business to give any and all necessary information to Corporate Billing, LLC, which will assist them in the credit investigation. The applicant further authorizes the reinvestigation of credit from time to time as it is deemed necessary. To extend credit a Financial Statement may be requested. The applicant understands that Corporate Billing, LLC. may refuse to purchase charges at any time without notice to the applicant. This agreement shall be governed by and interpreted under the law of the state of Alabama and the applicant submits to the jurisdiction of, and waives any objection to the venue of any Alabama state or Federal Court setting in Morgan County Alabama with respect to any disputes under this agreement.

By: _____ Title _____ Date _____

Print Name _____

Personal Guaranty

By submitting this application (through electronic or any other means) the personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Corporate Billing, LLC, from time to time as may be needed, in the credit evaluation process. The guarantor individually, jointly and severally and unconditionally guarantee the payment when due of all invoices/accounts purchased by Corporate Billing, LLC. from any Client.

By: _____ Social Security Number _____ Date _____

Print Name _____ Home Address _____ Phone# _____

Bosselman Boss Shop
3123 W. Stolley Park Rd, Suite A
PO Box 4905
Grand Island, NE 68802-4905
www.bosstruckshops.com
General Inquiries: 308.381.2800 x334

AMBEST, Inc.
5115 Maryland Way, Suite 300
Brentwood, TN 37027
www.am-best.com
General Inquiries: 336.643.1297

SET UP FORM

SERVICE CONNECTION ACCOUNT

In order to facilitate the process of setting up a direct bill account the following information is required:

Date _____

Fleet Name _____

Repair Authorization Contact Name or Department _____

Repair Authorization Telephone Number _____

Repair Authorization Fax Number _____

Accounts Payable Contact Name _____

Email address for invoices, pictures and general communications:

Number of Power units _____

Trailers _____

Identify the following items that are required for work on your vehicles:

- | | |
|--|--|
| <input type="checkbox"/> Purchase Order | <input type="checkbox"/> Prior Authorization |
| <input type="checkbox"/> Reference Number | <input type="checkbox"/> Truck Number |
| <input type="checkbox"/> Odometer | <input type="checkbox"/> VIN Number |
| <input type="checkbox"/> Trailer Number | <input type="checkbox"/> Trailer Hub Meter |
| <input type="checkbox"/> Reefer hour meter for reefer repairs | <input type="checkbox"/> APU Hour Meter for APU repairs |
| <input type="checkbox"/> Invoice each unit separately | <input type="checkbox"/> Fax reference document for Purchase Order |
| <input type="checkbox"/> Tax Exempt (Please include listing and ALL appropriate forms. Taxes WILL be charged in the event the appropriate form is absent or incorrect. Customer will be responsible for obtaining refund from the state where the service was provided, if applicable.) | |

Please fill out the above information, attach tax exemption forms and return with completed credit application to credit@corpbill.com