



CREDIT APPLICATION

ROUTE 73 & O'DONNELL LANE
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 www.transaxle.com
 info@transaxle.com

FOR OFFICE USE ONLY:

ACCOUNT # _____

SALESMAN # _____

GENERAL INFORMATION			
NAME OF COMPANY:			
DBA (If different from above):			
BILLING ADDRESS:	CITY:	STATE:	ZIP:
SHIPPING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NO: ()		FAX NO: ()	
LINE OF CREDIT REQUESTED: \$		E-MAIL ADDRESS:	

REFERENCES			
BANK	BANK:		ACCOUNT NO:
	ADDRESS:	CITY:	STATE: ZIP:
	TELEPHONE NO: ()		FAX NO: ()
TRADE # 1	COMPANY:		ACCOUNT NO:
	ADDRESS:	CITY:	STATE: ZIP:
	TELEPHONE NO: ()		FAX NO: ()
TRADE # 2	COMPANY:		ACCOUNT NO:
	ADDRESS:	CITY:	STATE: ZIP:
	TELEPHONE NO: ()		FAX NO: ()
TRADE # 3	COMPANY:		ACCOUNT NO:
	ADDRESS:	CITY:	STATE: ZIP:
	TELEPHONE NO: ()		FAX NO: ()

I AUTHORIZE THE ABOVE LISTED BANK AND TRADE REFERENCES TO RELEASE INFORMATION NECESSARY TO ESTABLISH A CHARGE ACCOUNT WITH TRANSAXLE CORPORATION.

DATE: _____ SIGNED: _____ TITLE: _____

COMPANY BACKGROUND			
TYPE OF BUSINESS:		SS OR EIN #:	
NO. OF YEARS IN BUSINESS:	YEARS UNDER PRESENT MGMT:	Are Purchase Order #=s REQUIRED? Yes 9 No 9	
TYPE OF COMPANY:	PROPRIETORSHIP: ____	PARTNERSHIP: ____	CORPORATION: ____
TAX STATUS: TAXABLE: ____ EXEMPT: ____ NOTE: If exempt, a state tax form must accompany this application. Tax will otherwise be charged until completed form is received.			
OWNERS, PARTNERS OR CORPORATE OFFICERS	NAME:		
	ADDRESS:	CITY/STATE/ZIP:	
	NAME:		
	ADDRESS:	CITY/STATE/ZIP:	
	NAME:		
	ADDRESS:	CITY/STATE/ZIP:	
A/P CONTACT	NAME:	PHONE NO: ()	FAX NO: ()
SHOP CONTACT	NAME:	PHONE NO: ()	FAX NO: ()
PURCH. AGENT	NAME:	PHONE NO: ()	FAX NO: ()

The undersigned acknowledges that each credit purchase will be subject to the following terms and conditions: (a) payment is due as indicated on invoice (terms); (b) orders are subject to a minimum delivery charge where applicable; and (c) all claims for shortages must be noted at time of delivery and acknowledged by a *TransAxle Corporation* employee.

In addition, should *TransAxle Corporation* incur any collection costs or attorney fees in connection with the collection or attempts to collect any account incurred by the undersigned, with or without the institution of Court proceedings, the undersigned agrees to pay all collection fees in connection with any such proceedings. Collection costs and attorney fees shall be in an amount as actually incurred by *TransAxle Corporation* and shall not be limited to any published court schedule of fees or collection costs.

The undersigned also acknowledges that (a) checks returned for any reason will be subject to a \$25.00 minimum charge; (b) there will be a 15% restocking charge for all returns that are due to the customer's error; and (c) a finance charge of 1.5% will be added per month, 18% per annum, on unpaid past due balances.

DATE: _____ SIGNED: _____ TITLE: _____