



National Capabilities. Delivered Locally.

TransAxle LLC
PO BOX 2306
CINNAMINSON NJ 08077
P: (856) 665-4445 or (800) 257-0444
F: (856) 665-7532

FOR OFFICE USE ONLY:

CREDIT APPLICATION

ACCOUNT # _____

REGIONAL PARTS MANAGER (RPM) # _____

PLEASE PRINT OR TYPE

GENERAL INFORMATION			
NAME OF COMPANY:			
DBA (If different from above):			
BILLING ADDRESS:	CITY:	STATE:	ZIP:
SHIPPING ADDRESS:	CITY:	STATE:	ZIP:
PHONE NO.:	FAX NO.:		
LINE OF CREDIT REQUESTED: \$	EMAIL ADDRESS:		

REFERENCES			
BANK	BANK:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE: ZIP:
	PHONE NO.:	FAX NO.:	
TRADE # 1	COMPANY:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE: ZIP:
	PHONE NO.:	FAX NO.:	
TRADE # 2	COMPANY:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE: ZIP:
	PHONE NO.:	FAX NO.:	
TRADE # 3	COMPANY:	ACCOUNT NO.:	
	ADDRESS:	CITY:	STATE: ZIP:
	PHONE NO.:	FAX NO.:	

COMPANY BACKGROUND

TYPE OF BUSINESS:		SS OR EIN #:			
NO. OF YEARS IN BUSINESS:		YEARS UNDER PRESENT MGMT.:		ARE P.O.'S REQUIRED? Y N	
TYPE OF COMPANY:		PROPRIETORSHIP <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	
		CORPORATION <input type="checkbox"/>			
TAX STATUS:		TAXABLE <input type="checkbox"/>		EXEMPT <input type="checkbox"/>	
		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:
ACCOUNTS PAYABLE CONTACT	NAME:		PHONE NO.:		FAX NO.:
	EMAIL:				
INVOICE RECIPIENT	NAME:		PHONE NO.:		FAX NO.:
	EMAIL:				
SHOP CONTACT	NAME:		PHONE NO.:		FAX NO.:
	EMAIL:				
PURCHASING AGENT	NAME:		PHONE NO.:		FAX NO.:
	EMAIL:				

I authorize that the bank and trade references listed can release necessary information to establish a credit line account with TransAxle LLC.

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 LLC employee.

In addition, should TransAxle LLC 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. In consideration of the extension of credit to the above applicant, I/we hereby agree to be unconditionally and personally/jointly and severally responsible for payment of all invoices charged to the above applicant. Collection costs and attorney fees shall be in an amount as actually incurred by TransAxle LLC 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 \$30.00 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.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____