

Regions Interstate Billing Service, Inc.

DEALER # _____

a wholly owned subsidiary of **Regions Financial Corp.**
1025 FIFTH AVENUE S. E. - P. O. BOX 2250 - DECATUR, ALABAMA 35602
Toll Free Watts 1-800-332-9140 (ext.7) (256) 260-1750 FAX (256) 260-0046

CREDIT APPLICATION

Trade Name _____ Legal Name _____
Physical Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
Former Address (5 yr 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 # _____ E-mail address: _____
Home Office/Parent Co. _____ City/State _____ Website address: _____
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 # _____ Telephone (____) _____ - _____

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, complete address and telephone number of five companies from whom purchases are made on open account. Please list references related to your type business or industry. (No oil companies or credit cards please.)

	Company Name	City	State	Telephone Number
1.	_____	_____	_____	(____)____-____
2.	_____	_____	_____	(____)____-____
3.	_____	_____	_____	(____)____-____
4.	_____	_____	_____	(____)____-____
5.	_____	_____	_____	(____)____-____

*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 and is warranted to be true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms. I/We hereby authorize all of the above named persons or companies to release to Regions Interstate Billing Service, Inc., or its representatives, such information with regard to my/our financial condition as may reasonable have a bearing on this application. I/We authorize Regions 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 Regions Interstate Billing Service, Inc. A credit limit 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 attorneys fees.

Your account has been **assigned** to Regions Interstate Billing Service, Inc. Make checks payable to the vendor(s). Please **mail all payments c/o Regions Interstate Billing Service, Dept. 1265, P. O. Box 2153, Birmingham, AL 35287-1265**. 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 Regions Interstate Billing Service, Inc. immediately.

Date _____ By _____ Title/Position _____

*With what company do you wish to charge? _____

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 Regions Interstate Billing Service, Inc. including reasonable attorney's fees.

Signature: _____

Signature: _____

Social Security #: _____

Social Security #: _____

Date: _____

Date: _____