



CONVOY SERVICING COMPANY  
THERMO KING OF DALLAS-FTWORTH-E. TEXAS-DENVER  
3323 Jane Lane Dallas, Texas 75247  
PO Box 561667 Dallas, Texas 75356  
Phone: 214.638.3050  
CNYV-Receiveables@convoyserVICING.com

## APPLICATION FOR CREDIT ACCOUNT

Date: \_\_\_\_\_

SALES REP

☐ Charge Account or ☐ Check/Cash account (allows you to pay with a check at time of purchase) ☐ Rental

PLEASE PRINT OR WRITE LEGIBLY. THIS APPLICATION HAS TWO (2) PAGES.  
BOTH PAGES MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED TO YOU.

BUSINESS NAME

PRINCIPAL OWNER

MAILING ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

ACCOUNTS PAYABLE  
CONTACT

PHONE:

EXT:

RECEIVE INVOICES BY EMAIL (if NO then invoices will be mailed) YES ☐ NO ☐ A/P EMAIL ADDRESS IF YES-

TYPE OF ORGANIZATION ☐ CORPORATION ☐ PARTNERSHIP (LIST NAMES AND ADDRESSES OF PARTNERS ON PAGE 2) ☐ INDIVIDUAL (NOT AVAILABLE FOR RENTAL)

TYPE OF BUSINESS

# TK UNITS IN YOUR FLEET

TRU'S

APU'S

DOES YOUR COMPANY REQUIRE A PURCHASE ORDER? ☐ YES (IF YES NO SERVICE WILL BE PROVIDED WITHOUT A PO) ☐ NO

PURCHASE ORDER CONTACT NAME

PURCHASE ORDER CONTACT PHONE NUMBER

IS YOUR COMPANY EXEMPT FROM SALES TAX

☐ YES (IF YES YOU MUST ATTACH A SALES EXEMPTION FORM)

☐ NO

WHAT AMOUNT OF MONTHLY LINE OF CREDIT ARE YOU REQUESTING\$

IF INDIVIDUAL

SOCIAL SECURITY #

DATE OF BIRTH

SPOUSE'S NAME

EMPLOYER

EMPLOYERS ADDRESS

HOW LONG?

MONTHLY INCOME

BANK ACCOUNT  
NAME

ACCOUNT#

ADDRESS

CITY

STATE

ZIP

PHONE #

E-MAIL

In consideration for the granting of credit, we (I) submit the above information which you may rely on as being accurate. We(I) further authorize any of our (my) creditors, including our (my) Bank References, to release Information to you regarding our (my) financial status.

We (I) have read and agree to be bound by the CONVOY SERVICING COMPANY credit agreement as follows: All bills are to be paid in 10 days of receipt of invoice. Any invoice not paid after thirty (30) days from invoicing is past due and subject to an interest charge of 1½ % per month or 18% per year, We (I) will be responsible for any and all collection/court costs and fees, if necessary.

Signed \_\_\_\_\_  
Company Name

By \_\_\_\_\_  
Officer or Authorized Person Title

Signed \_\_\_\_\_  
Individual

By \_\_\_\_\_  
Spouse

Signed \_\_\_\_\_  
Partner

By \_\_\_\_\_  
Partner



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PLEASE INCLUDE E-MAIL FOR ALL OF YOUR REFERENCES,  
OR IT WILL BE RETURNED TO YOU.

TRADE CREDIT REFERENCES: (Trucking companies or similar industry references are preferred.) You may send a separate credit reference sheet with all required information including complete names, addresses, phone and e-mails.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
e-mail \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
e-mail \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
e-mail \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
e-mail \_\_\_\_\_  
Type of Account \_\_\_\_\_  
Account # \_\_\_\_\_

If this is a Partnership, please list all Names and Addresses of Partners below:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

PLEASE COMPLETE AND FAX BACK TO:

☐ Denver  
303-289-4334

☐ Dallas  
214-905-1915

☐ Ft Worth  
817-831-6510

☐ East Texas  
903-577-3605

☐ Home Office  
214-687-0555

Branch Manager  
Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Home Office  
Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Credit Limit \_\_\_\_\_ Account # \_\_\_\_\_

**MUST BE APPROVED BY BRANCH MANAGER BEFORE SENDING TO HOME OFFICE**