



CONVOY SERVICING COMPANY
THERMO KING OF DALLAS-FTWORTH-Mt. Pleasant-
Houston-Corpus Christi-Laredo-Pharr-
San Antonio-Temple-DENVER
3323 Jane Lane Dallas, Texas 75247
PO Box 561667 Dallas, Texas 75356
Phone: 214.638.3050
CNVY-Receiveables@convoy servicing.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

FAX #

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 #

FAX #

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

Page 1 of 2 Signed _____
Partner

By _____
Partner



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PLEASE PRINT OR WRITE LEGIBLY.
PLEASE INCLUDE FAX NUMBER 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 fax numbers.

Name _____
Address _____
City, State & Zip _____
Phone Number _____
Fax Number _____
Type of Account _____
Account # _____

Name _____
Address _____
City, State & Zip _____
Phone Number _____
Fax Number _____
Type of Account _____
Account # _____

Name _____
Address _____
City, State & Zip _____
Phone Number _____
Fax Number _____
Type of Account _____
Account # _____

Name _____
Address _____
City, State & Zip _____
Phone Number _____
Fax Number _____
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