



**Republic Diesel®**

**CREDIT APPLICATION**



**A-C Brake**  
A Division of  
Republic Diesel

**TRI-STATE  
MACHINE**



**Republic Truck Sales**



**Louisville, KY**

305 E. College St.  
Louisville, KY 40203  
(800) 292-5565

**Louisville, KY**

4670 Jennings Ln.  
Louisville, KY 40218  
(800) 292-5565

**Lexington, KY**

865 Nandino Blvd.  
Lexington, KY 40511  
(800) 432-9527

**Prestonsburg, KY**

855 US Hwy. 23 N  
Prestonsburg, KY 41653  
(800) 526-1702

**Jeffersonville, IN**

2000 Coopers Lane  
Jeffersonville, IN 47130  
(800) 292-5565

**Harrogate, TN**

251 Industrial Dr.  
Harrogate, TN 37752  
(800) 244-0608

Firm Name _____	Date _____
Billing Address, City, ST, Zip _____	Requested By _____
Street Address, City, ST, Zip _____	Phone _____
E-Mail _____	Fax # _____
Years In Present Business _____	Corporation _____ Partnership _____ Proprietorship _____
Website _____	

**CONTACT PERSONS:**

Individual Contact (AP) \_\_\_\_\_

Individual Contact (Shop) \_\_\_\_\_

Type of Business \_\_\_\_\_

Credit Line Desired \$ \_\_\_\_\_

Number of Employees \_\_\_\_\_

P. O. Required  Yes  No

TO RECEIVE TAX EXEMPT STATUS, REQUIRED STATE SALES TAX EXEMPTION DOCUMENT(S) MUST ACCOMPANY THIS APPLICATION.

Exemption or Resale Certificate Attached  Yes  No      DUNS # \_\_\_\_\_

Federal Tax ID No. (Corporation) \_\_\_\_\_      Social Security No. (Partnership or Individual) \_\_\_\_\_

Do this Business have more than one branch?  Yes  No      If Yes, List Addresses \_\_\_\_\_

**LIST OF OWNERS/OFFICERS:**

Name & Title	Address	City, State, Zip
_____	_____	_____
_____	_____	_____

**TRADE REFERENCES**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Republic Diesel/A-C Brake/Republic Truck Sales/Tri-State Machine Representative \_\_\_\_\_

Unless otherwise amended on the Invoice, **CREDIT TERMS: NET 30 DAYS**

All invoices are due and payable per the terms stated on the invoice. A service charge will be assessed on all past due invoices at the rate of 1 1/2% (one and one-half percent) per month (18% per annum). If payments are not received in accordance with our terms, your account will automatically revert to COD status. The undersigned agrees to these terms and to pay any and all costs of collection for past due amounts.

THIS APPLICATION IS MADE WITH THE UNDERSTANDING AND AGREEMENT THAT ALL CHARGES FOR PARTS AND SERVICE WORK ARE DUE AND PAYABLE PER THE TERMS STATED ON THE INVOICE.

Printed Name \_\_\_\_\_

Application's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Return Form To: P O Box 35650 Louisville, KY 40232  
Or Fax To: 502-561-2347  
Or Email To: ar@republicdiesel.com