



30305 Solon Road
 Cleveland, OH 44139
 Phone: 877-761-MAXX
 Fax: 440-528-4320

Transmaxx Customer Credit Application

Please complete this application by entering the information requested below. Incomplete applications may cause delays in approval. Please include a valid, signed tax exempt certificate if applicable. Transmaxx, LLC respects your privacy and is committed to protecting it at all times.

APPLICANT INFORMATION

Bill To:	Ship To:
Street:	Street:
City: State: Zip:	City: State: Zip:
Phone: Fax:	Sales Tax #

Accounts Payable Contact:	Phone Number & Extension	Email Address:	Accounts Payable Fax
Federal ID #	Tax-exempt <input type="checkbox"/> If your company is tax-exempt a certificate(s) must be returned with this information. If a complete tax exemption certificate is not received Transmaxx, LLC MUST charge sales tax on your invoices.		
Owner's Name:			
Manager's Name:			

BUSINESS INFORMATION

# of Bays: _____	<input type="checkbox"/> PROPRIETERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (please specify) PARENT COMPANY (if applicable) DUNS Number: _____ Years in Business: _____ PO Required: Yes No
# of Builder's: _____	
Annual Parts Purchases: \$ _____	
Credit Limit Requested: \$ _____	
Terms Requested: _____	

BANK AND TRADE REFERENCE INFORMATION

BANK NAME	CITY& STATE	PHONE#	FAX#	ACCOUNT NUMBER	OFFICERS NAME
TRADE REFERENCE NAME	PHONE#	FAX#	CONTACT NAME	ACCOUNT NUMBRR	
TRADE REFERENCE NAME	PHONE#	FAX#	CONTACT NAME	ACCOUNT NUMBER	
TRADE REFERENCE NAME	PHONE#	FAX#	CONTACT NAME	ACCOUNT NUMBER	

