



**Donahue Truck Centers, Donahue Idealease, Donahue Financial, Donahue Trucks, Inc.**

**Name/Address**

Business Name (legal)	Business Name (DBA)		
Local Contact	Phone #	Title	
Address:	City:	State:	Zip:
Tax I.D. #	Start Date:		

**Company Information**

Legal Form Under Which Business Operates:	Corporation	Partnership	Proprietorship	LLC
Amount of Monthly Credit Requesting:	#of Trucks in Fleet:		#of Employees:	
Ever Filed for Bankruptcy: Yes No	Date Filed, If applicable			
Do you require Purchase orders: Yes NO	Donahue Account Manager:			
Do you accept emailed Invoices & Statements : Yes No				
Accounts Payable Name:	Accounts Payable Phone:			
Accounts Payable Email:				
Are you sales tax exempt: Yes NO	If yes, a California Resale Certificate must accompany this application.			

**Bank References**

**Credit Card**

Institution Name:	Credit Card #	
Checking Account #:	Expiration Date	CVC
Address:	Name on Card:	
Phone:	Billing Zip:	

**Trade References**

Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Account Opened Since:	Account Opened Since:
Fax:	Fax:
Current Balance:	Current Balance:

The Undersigned represents that the information contained herein is accurate and authorizes Donahue Truck Centers LLC, Donahue Trucks, Inc., Donahue Financial Services, LLC, Donahue Idealease to verify information by use of credit reporting agencies, including but not limited to TRW reports and/or references. By placing your signature below, you consent to Ventura County as the appropriate venue in the event any action is instituted against you for non-payment of your account. By Placing your signature below, you authorize us to bill the credit card listed above for past due invoices.

Please email to credit @donahuetrucks.com or fax 805-644-9661

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_