

# L ENTERPRISES INC.

A

**Crystal Lake**

4304 Route 176

**815-459-6917**

Fax 815-459-9430

www.leach-ent.com



**Bensenville**

698 Industrial Dr.

**630-238-1830**

Fax 630-238-1832

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## HEAVY DUTY TRUCK & TRAILER PARTS -TRAILER SALES-



INDEPENDENT WAREHOUSE DISTRIBUTORS



**Attention : Ginny Williams**

### CREDIT APPLICATION COVER SHEET

**Your Company Name:**

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**Contact Name:**

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**Your Fax#:**

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**Leach Enterprises, Inc. is a warehouse distributor of heavy-duty truck and trailer parts. We also have a new and used trailer sales department. Our parts department is open Monday thru Friday 7AM to 6:00PM and Saturday 8AM till noon**

**Please note our terms are net 10th.. Also most reference companies will only respond to written requests. Missing or incorrect phone or fax numbers for your trade references could delay the processing of your credit application. Please give us as much information as you can provide.**

**If you have any questions or comments please feel free to contact us. We look forward to doing business with you in the very near future.**

**\* Please return your credit application via fax to (815)459-9430**

# CREDIT APPLICATION

Please fill in all blanks

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

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address (If different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## COMPANY INFORMATION

Responsible Officer \_\_\_\_\_ Title \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

How long in business? \_\_\_\_\_ At present location? \_\_\_\_\_

Type of Business: Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_

## TRADE REFERENCES

*Most companies will only respond to written requests. Missing or incorrect fax numbers for your references could delay the processing of your application. Please do not list credit card companies or phone companies.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ *REQUIRED*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

How did you hear about Leach Enterprises, Inc?

\_\_\_\_\_

# BANK AUTHORIZATION

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ (Name on account), hereby give my

Permission to \_\_\_\_\_ (Name of financial institution)

To release any information regarding my credit to Leach Enterprises.

\_\_\_\_\_  
(SIGNATURE ON ACCOUNT)

DATED: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

## BANK REFERENCE

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

# ROLLING STOCK SALES TAX EXEMPTION

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Purchaser's I.C.C. Certificate of Authority # \_\_\_\_\_ State \_\_\_\_\_

## **A. TAX STATUS**

**Tax status of purchases made from Leach Enterprises, Inc., on or after July 1, 2003.**

**Check One**

a) \_\_\_\_\_ **All purchases are tax exempt**

b) \_\_\_\_\_ **All purchases are taxable**

## **B. CERTIFICATE**

**The undersigned certifies that all material, merchandise, or goods purchased from Leach Enterprises, Inc. shall be purchased for the following:**

a) \_\_\_\_\_ **To be incorporated as a material or component part  
Into rolling stock moving in interstate commerce.**

*This certificate shall continue in force until revoked and shall be considered a part of each order given to Leach Enterprises, Inc. unless the order specifies otherwise. The undersigned agrees to be responsible for any tax, which may prove to be due the state on any item purchased or used under this certificate.*

**By signing this form, we are verifying at least 51% of the vehicles total trips in each consecutive 12-month period, carry people or property for hire, and cross the Illinois border or occur outside Illinois.**

**Signature of Purchaser/Authorized Agent: \_\_\_\_\_**

**Date** \_\_\_ / \_\_\_ / \_\_\_