



Subsidiaries:

**Western Branch Diesel  
Dovell & Williams  
Johnson & Towers  
Johnson Truck Center**

EMAIL COMPLETED APPLICATION TO: **CREDIT@INDELPower.COM**

CREDIT AMOUNT REQUESTED:

EMAIL FOR INVOICES/STATEMENTS:

FIRM NAME		TRADE NAME		PHONE NUMBER
BILLING ADDRESS		CITY	STATE/ ZIP CODE	FAX
SHIPPING ADDRESS		CITY	STATE/ ZIP CODE	POINT OF CONTACT
FULL NAME OF OWNER OR OWNERS (OR OFFICERS OF CORPORATION) LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL				
PLEASE CHECK ONE	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp	PLEASE ATTACH COPY OF TAX EXEMPTION CERTIFICATE, IF APPLICABLE
APPLICANT'S SOCIAL SECURITY NO. OF FEDERAL I.D. NUMBER			PLEASE ATTACH COPY OF DIRECT PAY PERMIT, IF APPLICABLE	
TYPE OF BUSINESS			HOW LONG IN BUSINESS	
ANNUAL SALES: ATTACH FINANCIAL STATEMENT	TOTAL ASSETS	NET WORTH	NET SALES	
FORMER BUSINESS		LOCATION		
<b>TRADE REFERENCES</b>				
NAME	ADDRESS: CITY, STATE, ZIP	PHONE (AREA CODE) #	FAX (AREA CODE) #	PERSON TO CONTACT EMAIL (PREFERRED)
NAME OF BANK		LENDING OFFICER		
STREET ADDRESS		AREA CODE AND PHONE #		
CITY	STATE			

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS OF INDEL POWER GROUP LLC and its subsidiaries. Payment is due upon receipt of charges. If payment in full is not received within 30 days, customer agrees to pay service charges at the rate of 1 1/2% per month on the unpaid balance. Should account be placed with an attorney or collection agency for collection, customers agrees to pay attorney/collection fees, not to exceed 33 1/3%. Purchaser, its successors and assigns, agrees that personal jurisdiction and venue for any legal proceeding to enforce the terms of sale and this agreement, including payment, may be brought at the sole discretion of Indel Power Group LLC and its subsidiaries, in any Virginia state court sitting in Portsmouth, VA or any federal court sitting in the Eastern District of Virginia, Norfolk Division. I have read the forgoing and understand it, and sign this document freely and will full awareness.

THE ABOVE INFORMATION IS FOR THE PURCHASE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY

BY: \_\_\_\_\_  
SIGNATURE REQUIRED

DATE: \_\_\_\_\_

**INTERNAL USE ONLY**

Associate: \_\_\_\_\_ Department: \_\_\_\_\_  
Location: \_\_\_\_\_