Application for Company Check Acceptance

Fax completed application to: 267-880-3957 Attn: Credit Department. Please be sure to complete both sides for our consideration of your application.

The Fred Beans Family of Dealerships requires completion of this form for company check acceptance. All requested information, including social security numbers, must be provided or company check acceptance will be denied. Additionally, a signed Terms and Conditions of Sales Agreement (see reverse) must be returned to us as well or company check acceptance will be denied.

PLEASE PRINT OR TYPE

Company Informati	on (must be completed	i)			
Legal Business Name:					
Street Address:					
				State:	
Phone:				Company Founding Date:	
State Resale Permit Nu	umber:				
Form of Business:	☐ Sole Proprieto	or [2 Partnership	Corporation	
Owner/Partners/Off	icers (must be complet	ed)			
Name:	% Ownership:			Social Security #:	
Address:					
City:		State:	Zip:	Phone:	
Driver's Lic.#					
Name:	% Ownership:		Social Security #:		
Address:					
City:		State:	Zip:	Phone:	
Driver's Lic.#					
Bank Information					
Bank:					
Account Number:					
Address:					
				Phone:	
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This is not an application for credit.