

Confidential Application for Credit



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

Date _____
Business Name _____ Business Telephone () _____
Business Address _____
City _____ State _____ Zip _____
Billing Address (if different from above) _____
Shipping Address (if different from above) _____
Accounts Payable Contact Name _____ Telephone () _____
Type of Business _____
Established in _____ as a:
 Corporation Partnership Limited Partnership Proprietorship
If incorporated, city & state in which incorporated _____
Sales Tax License Number - State _____ City _____

Owners or Corporate Officers

Name _____ Home Phone Number () _____
Title _____ Soc. Sec. # _____ D.O.B. _____
Home Address _____
Name _____ Home Phone Number () _____
Title _____ Soc. Sec. # _____ D.O.B. _____
Home Address _____

Bank Reference

Bank _____ Telephone () _____
Address _____
City _____ State _____ Zip _____
Officer in charge of your account _____
Account # _____ Type: Checking Savings Both

Trade References (MUST INCLUDE FAX NUMBERS)

Supplier _____ Telephone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____
Supplier _____ Telephone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____
Supplier _____ Telephone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____

Person responsible for paying bills _____
Purchase order required?..... Yes No
Name of person(s) authorized to charge _____
What are your expected monthly credit requirements \$ _____

Will the Owners, Principals, Partners, Officers or Directors guarantee the obligations of your business?

..... Yes No

Will the undersigned be willing to furnish a current financial statement?..... Yes No

(If "Yes," please attach a copy of the most current financial statement.)

Is the financial statement audited? Yes No

(In some cases, depending upon the credit expected, an audited financial statement will be absolutely necessary to extend the requested credit.)

Credit Amount Requested \$ _____

(If no credit amount is specified, a maximum of \$3,000 will be authorized.)

TERMS AND CONDITIONS

- By signing this application, I/We represent that the undersigned is financially able to meet any commitments made on the basis of this application, that the undersigned expects and intends to pay invoices rendered hereunder, and that the foregoing statements are true.
- This account is limited in charges for service in our mechanical repair shop and purchases of parts. Body shop repairs are strictly cash.
- I/We agree that any amount charged which is unpaid for more than thirty days after the date of billing shall bear interest at 1-1/2% per month (annual percentage rate: 18%) until paid.
- I/We agree that in the event this account is in default and is placed for collection agency and/or an attorney-at-law, reasonable collection and/or attorney fees shall be payable in addition to the principle indebtedness and interest thereon.
- Accounts with a past due balance over 30 days will not be extended further credit.
- Our terms are net 15 days from statement.

PERSONAL GUARANTEE

For credit limits over \$10,000, this Personal Guarantee box must be completed.

- Intending to be legally bound, the undersigned hereby unconditionally guarantees the full and timely payment when due of all charges incurred pursuant to this extension of credit.

Name _____ Social Security # _____ Date _____

Address _____ City _____ State _____ Zip _____

Signature _____

Name _____ Social Security # _____ Date _____

Address _____ City _____ State _____ Zip _____

Signature _____

By signing this application, I certify that the information in my application is complete and true. I authorize the dealer to investigate my credit, obtain credit reports, and release information about their credit experience with me. If an account is created, I authorize the obtaining of credit reports for purposes of reviewing or taking collection action on the account, or for legitimate purposes associated with the account.

Owner/Principal Signature _____

Owner/Principal Signature _____

This account is limited to charges for service in our mechanical repair shop & purchases of parts.

Sales Tax Exemption # _____ E.I.N. # _____

Please provide a copy of your sales tax exemption certificate.

FOR OFFICE USE ONLY:

Account Number _____

Credit Limit Approved _____

Type of Account _____