

# 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 \_\_\_\_\_