



## Dealer Credit Application

### BILLING INFORMATION

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

Corporate Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### TYPE OF BUSINESS

DUNS # \_\_\_\_\_

Corporation    Date Incorporated \_\_\_\_\_     Partnership     Individual

Principal(s)

Home Address/Phone

Social Security #

Please provide social security numbers if operating as a partnership or proprietorship.

TRADE REFERENCES (3 minimum)

Home Address/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BANK REFERENCES

Home Address/Phone

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND DO HEREBY AGREE TO THE FOLLOWING TERMS OF SALE:

*Payment Terms: Net 30 Days*

*Monthly Late Payment Charge: 1.5% of past due over 45 days*

*Failure to meet payment terms will void volume rebates.*

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

*Officer of the Company*

Name: \_\_\_\_\_ Date: \_\_\_\_\_