

Dealer Reference/Application
Attn: Credit Manager



Date: _____
Business Name: _____
Address: _____ City, State, Zip: _____
Phone #: _____ Fax #: _____ E mail: _____
Website: _____

The following information must be completed in full and will be held in the strictest confidence

| | | | | | |
|------------------------|-------|--------------------|-------|------------------------|-------|
| Date of Incorporation: | _____ | Years in Business: | _____ | Years at this address: | _____ |
|------------------------|-------|--------------------|-------|------------------------|-------|

President/Owner: _____ E mail: _____

Finance

Bank/Address/Phone: _____

Bank Acct #: _____ Contact Name: _____

Requested Credit Amount: _____ Phone #: _____ Fax #: _____

Trade References

Business Name: _____ Phone #: _____ Fax #: _____

Business Name: _____ Phone #: _____ Fax #: _____

Business Name: _____ Phone #: _____ Fax #: _____

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title: _____ Date: _____

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|----------------------------------|
| **For Internal Use Only |
| Account#: _____ Sales Rep: _____ |
| Approved by: _____ |