



CREDIT APPLICATION FOR HOUSE CHARGE ACCOUNT

NAME _____ DATE ESTABLISHED _____
STREET ADDRESS _____
MAILING ADDRESS _____
TELEPHONE _____ TYPE OF BUSINESS _____

- CORPORATION (List Officers) _____

 PARTNERSHIP (List Partners) _____

 PROPRIETORSHIP (List Owner) _____

BANK REFERENCE: _____
BRANCH _____ ADDRESS _____
_____ TELEPHONE _____

TRADE REFERENCE:
_____ TELEPHONE _____
_____ TELEPHONE _____
_____ TELEPHONE _____
_____ TELEPHONE _____

IF THERE ARE ANY QUESTIONS REGARDING THIS ACCOUNT, WHOM MAY WE CALL?

NAME _____ TELEPHONE () _____ ext. _____

Credit Application - Page 2

WILL A PURCHASE ORDER NUMBER BE REQUIRED? YES NO

IF A PURCHASE ORDER IS REQUIRED, FROM WHOM DO WE OBTAIN THIS PURCHASE ORDER?
_____ TELEPHONE () ext.

ARE THERE ANY RESTRICTIONS AS TO WHO MAY SIGN THIS ACCOUNT? YES NO

IF SO, PLEASE LIST AUTHORIZED PERSONS AND VEHICLE YEAR, MAKE, MODEL AND ENGINE SIZE.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IN MAKING THIS APPLICATION FOR CREDIT, I UNDERSTAND THAT MY COMPANY WILL BE BILLED MONTHLY AND THAT ALL CHARGES MUST BE PAID IN FULL 10 DAYS AFTER RECEIPT OF STATEMENT.

SIGNATURE _____

TITLE _____

DATE _____

* Any Employee no longer authorized to charge will need to be deleted IN WRITING and faxed to Uncasville Quick Lube