ACCESSORY WAREHOUSE

APPLICATION FOR CREDIT

Date: _____

Legal Company Name: _____ Years Active: _____

O/A or DBS: _____

Mailing Address: _____ Phone Number: _____

_____ Postal Code: _____

Type of Business: _____ Fax Number: _____

Principal Owner(s) Information *(if applicable)*

Name: _____ Home Phone: _____

Address: _____ Postal: _____

Name: _____ Home Phone: _____

Address: _____ Postal: _____

Monthly Credit Required base on monthly purchases: _____

Purchase Order Required: *(please circle)* ☐ YES ☐ NO

If no, who is authorized to charge on this account: *(First & Last Name Required)*

_____

P.S.T. # (if applicable) _____

AUTHORIZED PERSONNEL:

1. For Obtaining Parts & Service: _____ 2. For Payment of Accounts: _____

Name of Bank: _____ Address: _____

Bank Manager's Name: _____ Phone: _____

MAIN SUPPLIER NAME	ADDRESS	CONTACT NAME	PHONE NUMBER	EMAIL

I agree that credit is offered on a 30-day basis. Overdue accounts will automatically be placed on hold. I hereby authorize your company to obtain any credit information for this application.

Signature: _____ Date: _____