



651 N. Rochester Rd.  
Clawson, MI 48017  
(248)-583-4112

**Business Credit Application**

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

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

.....  
You are a: Corporation: \_\_\_\_\_ Sole-proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_

Year started: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

Officers: President: \_\_\_\_\_ Email: \_\_\_\_\_

Vice-President: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_ Email: \_\_\_\_\_

Parts Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Mgr: \_\_\_\_\_ Email: \_\_\_\_\_

.....  
References – Only supply names of those from whom you buy on a CHARGE basis.

Company Name: \_\_\_\_\_ Annual Purchases: \$ \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Annual Purchases: \$ \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Annual Purchases: \$ \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank : \_\_\_\_\_ Manager: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Account # : \_\_\_\_\_

I hereby agree to pay reasonable collection costs, attorney fees, and court costs, if this creditor finds it necessary to use such means to collect a past due amount from this company. This is in addition to 1.5% per month interest charge ( 18% per ANNUAL) A account is past due if full payment is not postmarked by the 8<sup>th</sup> of the month following the shipping month.

**I PERSONALLY GUARANTEE THIS ACCOUNT,**

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Print Name & Title : \_\_\_\_\_ Date: \_\_\_\_\_

This information will be kept in strict confidence except as needed for verification purposes.