



651 North Rochester Road
Clawson, MI 48017
(248) 583-4112 or (800) 424-5232
FAX (248) 589-5250



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 8th 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.