



AUTOMOTIVE CORPORATION

CREDIT APPLICATION

Company Name _____ Telephone # _____

Billing Address _____ Fax # _____

Shipping Address _____ Telephone # _____

_____ Fax # _____

Describe nature of business _____

Number of locations/branches _____

Years in business _____ Partnership _____ Corporation _____

Resale # _____ (Please attach card or copy)

Anticipated yearly purchases _____

Number and type of heavy duty vehicles owned _____

Please attach copy of latest financial statement.

PRINCIPALS/OFFICERS

Name	Position
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

TRADE REFERENCES

	Name	Address	Phone & Fax
1			
2			
3			
4			
5			
6			

Bank _____ Telephone _____

Account # _____ Address _____

Bank _____ Telephone _____

Account # _____ Address _____

Signed _____ Title _____