



1133 4th St. Columbus Ga. 31901
CREDIT APPLICATION

DATE OF APPLICATION: _____

LEGAL NAME (INCLUDING DBA): _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

DELIVERY ADDRESS (OTHER THAN BILLING): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT NAME: _____

CONTACT EMAIL: _____

PAYABLES EMAIL: _____

DATE BUSINESS STARTED: _____ **LOCATIONS:** _____

FEDERAL I.D. _____ **SALES TAX EXEMPT: YES OR NO. FEDERAL**

TAX EXEMPT: YES OR NO. IF YES I.D. NUMBER: _____

CHECK ONE: ___ **CORPORATION** ___ **S-CORP** ___ **PARTNERSHIP** ___ **INDIVIDUAL** ___ **LLC**

OFFICERS OF COMPANY:

TITLE: _____ **NAME:** _____

TITLE: _____ **NAME:** _____

CREDIT REFERENCES:

	NAME	ADDRESS	PHONE/FAX	ACCOUNT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BANK REFERENCES:

NAME: _____ **PHONE NUMBER:** _____

CONTACT PERSON: _____ **ACCOUNT:** _____

TERMS: ACCOUNT TERMS ARE SET UP ON INDIVIDUAL BASIS. IF AN ACCOUNT FALLS PAST DUE, CREDIT HOLD CAN BE APPLIED, AND CURRENT INTEREST RATES ARE APPLIED AT 18% APR. CUSTOMER AGREES TO PAY ALL EXPENSES AND FEES ASSOCIATED WITH COLLECTION OF ACCOUNTS PLACED INTO COLLECTIONS. FEES CAN RANGE UP TO 25% OF THE PAST DUE ACCOUNT BALANCE.

SIGNATURE: _____ **DATE:** _____

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