

APPLICATION FOR CREDIT

Date _____

Business Name _____

Check One D/B/A Proprietorship Partnership Incorporated

Billing Address _____

City _____ State _____ ZIP _____

E-mail Address _____

Business Phone _____ FAX _____

Sales Tax Number _____ Age of business _____

Owner _____ Driver License # _____

Bank _____ Account # _____

Please list 3 credit references with phone numbers and addresses.

1. Vendor _____ Phone _____
FAX _____ Contact _____

2. Vendor _____ Phone _____
FAX _____ Contact _____

3. Vendor _____ Phone _____
FAX _____ Contact _____

Do you use PO's Yes No

The above information is for the purpose of obtaining credit with Morris Rose Auto Parts Inc and is warranted to be true. All invoices are due the 10th of the month following the date of purchase. Any unpaid accounts after 30 days will automatically be placed on COD.

Signature _____ Title _____

PLEASE FAX BACK TO (269) 492-0611

