



PLEASE FAX BACK TO JOANNA

Phone #:(402)-438-3000 (Katrina)  
Fax #:(402)-438-3003  
Email: kevans@crossdillon.com

**Credit Application**

Credit Amount Requested \_\_\_\_\_ Store \_\_\_\_\_ Sales # \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

Mobile # \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Type of Business \_\_\_\_\_

Email Address \_\_\_\_\_ Would you like your monthly statements emailed Y/N

In Business Since \_\_\_\_\_ Company Leased To \_\_\_\_\_ How Long \_\_\_\_\_

Business Structure: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Tax Exempt # \_\_\_\_\_ Fed I.D. # \_\_\_\_\_

**Name of Partners or Corporate Officers**

Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Acct # \_\_\_\_\_

**Trade References:**

	<b><u>Firm Name</u></b>	<b><u>City, State</u></b>	<b><u>Phone # / Fax #</u></b>
Tire Supplier	_____	_____	_____
Fuel Supplier	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

**I UNDERSTAND THE FOLLOWING AND WILL ABIDE BY YOUR REGULATIONS:**

1. Notify Cross-Dillon Tire, Inc. of any changes in ownership of our company
2. If granted credit, our Company agrees to pay all invoices Net 10<sup>th</sup> following the invoice date.
3. It is agreed that our Company will pay 2% per month which is 24% yearly on all past due balances.
4. It is agreed that our account will become COD if we fail to pay our invoices within the above stated terms.
5. There are not lawsuits or judgments against this Company at this time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.
6. I hereby authorize Cross-Dillon Tire, Inc. to receive credit information on my Company and myself.

I make the foregoing applications for credit for the purposes of obtaining merchandise on an open account basis.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

If application is not completely filled out application will not be processed. Thanks!