

APPLICATION FOR COMMERCIAL ACCOUNT

Credit Line Requested _____

CUSTOMER NAME/TRADE STYLE			ADDRESS		
CITY	STATE	ZIP CODE	PHONE	PROPRIETORSHIP PARTNERSHIP CORPORATION CONTROLLER	
PRESIDENT/OWNER			FAX		
NAME _____	VICE PRESIDENT NAME _____		TREASURER	NUMBER OF YEARS IN BUSINESS	
SSN# _____	SSN# _____		PERSON TO CONTACT		
HOME PHONE _____	HOME PHONE _____		FEDERAL ID#	D&B #	
NUMBER OF VEHICLES OWNED	DATE OF LAST FINANCIAL STATEMENT		FINANCIAL STMT ATTACHED YES ___ NO ___		
BUILDING: OWNED ___ RENTED ___	MORTGAGEE OR LANDLORD: NAME _____				
NAME OF PARENT (RELATED) COMPANY			ADDRESS		
1) BANK NAME-CHECKING		CITY/STATE	PHONE	CONTACT	ACCOUNT NO.
2) BANK NAME-LOANS		CITY/STATE	PHONE	CONTACT	ACCOUNT NO.
3) TRADE REFERENCE		CITY/STATE	PHONE	CONTACT	ACCOUNT NO.
4) TRADE REFERENCE		CITY/STATE	PHONE	CONTACT	ACCOUNT NO.
5) TRADE REFERENCE		CITY/STATE	PHONE	CONTACT	ACCOUNT NO.
6) TRADE REFERENCE		CITY/STATE	PHONE	CONTACT	ACCOUNT NO.
PURCHASE ORDER REQUIRED YES ___ NO ___	PERSONS AUTHORIZED TO ISSUE PURCHASE ORDERS 1. _____ 2. _____			SALES TAX NUMBER	
I hereby certify the information provided above is true and correct to the best of my knowledge. I authorize an FSTC representative to contact any or all of the above banks or references to verify the correctness of the application. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.					
AUTHORIZED COMPANY SIGNATURE _____		TITLE _____		DATE _____	

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