

Title: Application for Credit

Continental Wheel Company

Date:

Doc No: **F03-03**

Rev N/c

COMPANY NAME:			
BUSINESS ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
TEL:	FAX:		
TYPE OF BUSINESS:	D & B #:		
YEAR BUSINESS STARTED:	YEARS AT PRESENT LOCATION:		
TYPE OF ORGANIZATION:	<input type="radio"/> PRIVATE CORPORATION	<input type="radio"/> PARTNERSHIP	
IF INCORPORATED, WHAT STATE?:	<input type="radio"/> PUBLIC CORPORATION	<input type="radio"/> INDIVIDUAL	
OFFICERS NAME		POSITION	
BANK REFERENCES			
BANK NAME:	ACCOUNT #:		
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT:	TEL:	FAX:	
BANK NAME:	ACCOUNT #:		
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT:	TEL:	FAX:	
TRADE REFERENCES			
FIRM NAME:	CONTACT:		
ADDRESS:	CITY:	STATE:	ZIP:
TEL:	FAX:		
FIRM NAME:	CONTACT:		
ADDRESS:	CITY:	STATE:	ZIP:
TEL:	FAX:		
FIRM NAME:	CONTACT:		
ADDRESS:	CITY:	STATE:	ZIP:
TEL:	FAX:		

CREDIT LIMIT REQUESTED:

In making this application for credit, the customer agrees to pay all invoices within 60 days from date of invoice and to service charges of 1½% per month, which is an annual percentage rate of 18% on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorney's fees of appeal.

SIGNATURE:	TITLE:	DATE:
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