Application for Open Credit

NAME OF COMPANY OR INDIVIDUAL: _____ YEARS AT THIS ADDRESS _____

ADDRESS: _____ AREA CODE PHONE _____

CITY: _____ STATE: _____ ZIP: _____ AREA CODE FAX _____

HEREBY applies for open credit in accordance with the terms and conditions of:

CREDIT POLICY:
Our terms are 2%10th, net 30 Mailed payments must be postmarked by the 10th of the month to earn discount. Invoices over 30 days are considered past due. A service charge of 1.5% per month is charged on the past due amount.

AUTO PAINT SPECIALISTS
"Let our experience Work For You"
740 Industry Court
Green Bay, WI. 54303 (920) 496-0400
Facsimile (920)496-0402

CREDIT POLICY:
Accounts over 60 days past due are subject to review. Account maybe placed on credit hold pending a payment agreement between creditor and debtor. The customer shall be liable for all legal expenses and Attorney's fees incurred for the collection of past due balances

GENERAL

OWNERS NAME: _____

OWNERS HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____ OWNERS HOME PHONE _____

SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ FEDERAL I.D. # 39- _____

REFERENCE ①

BUSINESS NAME: _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS FAX NUMBER _____

REFERENCE ②

BUSINESS NAME: _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS FAX NUMBER _____

FINANCE

FINALCIAL INSTITUTE: _____

CONTACT PERSON: _____ PHONE: _____

I understand and certify that the information on this application is correct and I accept your credit terms as listed above.

NAME (Signature) _____ TITLE _____ DATE _____