

Credit Application Form

Carco International, Inc. 2721 Midland Blvd. Fort Smith, AR 72904

Phone: (479)441-3270 Fax: (479)441-3273

Please save and fill out the form and email to dball@carcoint.com

BUSINESS CONTACT INFORMATION

Company Name		Phone	
Business Address		Fax	
City, State Zip Code		E-mail	
Mailing Address		If Resale Sales, Tax Permit #	
City, State Zip Code		Years in Business	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			

BUSINESS AND CREDIT INFORMATION

Principle Name		Date of Birth	
Social Security Number		Federal ID Number	
Bank Reference		Bank Contact Person	
Mailing Address		Account number	
Phone		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Account Number			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Account Number			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Account Number			

The following persons are authorized to make purchases or approve charges to my account:

Name(s)	
Are purchase order numbers required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

AGREEMENT

The following statement is included on the Application for Credit in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. NOTICE: This is to inform you that as part of our procedure for processing your application, an investigative consumer report may be prepared, whereby information is obtained through personal interviews. This inquiry may be conducted in order to establish your credit reliability. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. I (we) understand that your terms on service and repair parts are cash, but for my (our) convenience, I (we) hereby make application for a monthly Courtesy charge Account in your service and parts department with an understanding that all bills for service and parts shall be due on the first of the month following the month in which the purchases are made and are to be paid within ten days after due date. I(we) further agree to pay interest at MAXIMUM LEGAL RATE PER ANNUM on this account from the date due until paid in full if not paid in 30 days after due date.

SIGNATURES

Credit Limit Desired		Date	
Name and Title		Signature	
Approved		By	
Title		Signature	