



CREDIT APPLICATION

Date: ___/___/___

1654 SPRINGFIELD STREET DAYTON OH 45403 937.252.8890 FAX 252.9479 1.800.875.9776 WWW.UNDERCARSPECIALTY.COM

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____ / _____ / _____

Number of years in business _____ _____ _____ Email Address _____

Proprietor, Partners or Officers if Incorporated

How do you pay bills?

Weekly _____ 10 Days _____ 30 Days _____ Other _____

If balance is not paid in full within 30 days of the statement date, a service charge of 1.5% per month (18% per year) will be assessed on the unpaid balance. In the event of a default, I personally agree to pay any reasonable attorney's fess incurred by Undercar Specialty Warehouse, which shall not be less than 25% of the amount found to be due and payable, in the collection of unpaid balance of this account.

I HEREBY RELEASE AUTHORIZATION TO UNDERCAR SPECIALTY WAREHOUSE TO INQUIRE IN TO MY CREDIT HISTORY TO OBTAIN INFORMATION RELEVANT TO ESTABLISHING A CREDIT LINE (MAY ALSO INCLUDE BANK AND TRADE REFERENCES UPON REQUEST).

OWNER'S SIGNATURE

DATE

Blanket Certificate of Exemption from sales tax

The undersigned hereby claims exemption to purchases of tangible property from Undercar Specialty Warehouse on and after the date of _____ and certifies that this claim is based upon the purchaser's proposed use of the items purchases, the activity of the purchases, or both, as shown hereon:

Reason for claiming exemption or exception

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above vendor unless the order specifies otherwise

PURCHASER'S NAME

BY-SIGNATURE AND TITLE

PURCHASER'S ACTIVITY

VENDOR'S LICENSE/PERMIT ACCOUNT NUMBER

DATE SIGNED

EXEMPTIONS OR EXCEPTIONS



CREDIT APPLICATION

References

Business Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Business Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Business Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Bank Name _____
Branch _____
Address _____
City, State, Zip _____
Phone Number _____
Account Number _____
Account Type: <input type="checkbox"/> _____ Checking <input type="checkbox"/> _____ Savings <input type="checkbox"/> _____ Loan

Account # _____	Credit Limit _____	Approved By _____	Date Approved _____
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