

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL _____

YEARS AT THIS ADDRESS _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

AREA CODE _____

PHONE _____

The following information must be provided. It will be held in the strictest confidence.

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. NAMES OF PRINCIPAL(S) _____ COMPLETE ADDRESS _____ ZIP _____ PHONE _____

2. _____

3. _____

4. _____

BANK _____ BANK ADDRESS _____

BANK OFFICER OR DEPARTMENT _____ PHONE _____

CREDIT REFERENCE _____

ADDRESS _____

ACCT # _____

PHONE _____

CREDIT REFERENCE _____

ADDRESS _____

ACCT # _____

PHONE _____

CREDIT REFERENCE _____

ADDRESS _____

ACCT # _____

PHONE _____

NUMBER OF YEARS IN BUSINESS UNDER PRESENT NAME _____

TOTAL NUMBER OF YEARS IN THIS AND RELATED BUSINESSES _____

WILL PURCHASE ORDERS BE ISSUED? YES _____ NO _____

I UNDERSTAND THAT YOUR STATEMENT CUT OFF DATE IS THE 25TH OF EACH MONTH AND THE BALANCE IS DUE THE 10TH OF THE FOLLOWING MONTH.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I AUTHORIZE AN INVESTIGATION OF MY CREDIT AND THE RELEASE OF INFORMATION ABOUT MY CREDIT EXPERIENCE WITH RAY HUFFINES CHEVROLET.

APPLICANT SIGNATURE _____ DATE _____

Please do not write in the space below

REFERENCES CHECKED BY _____

REFERENCE RESULTS _____

CREDIT APPROVED BY _____

CREDIT REFUSED BY _____

DATE _____

OWNERSHIP:

FINANCE:

VERIFICATION: