



Credit Application

Today's Date: _____
Business Name: _____ Federal Tax ID #: _____
D/B/A Name: _____ D&B #: _____
Address: _____

City, State, Zip: _____
Telephone: _____ FAX: _____
Officer Name: _____ Title: _____

How long in Business: _____ Credit \$ Requested: _____
Check one: [] Sole Proprietorship [] Partnership [] Corporation
Type of Business: _____

Accts. Payable Contact Name: _____ Title: _____
A/P E-mail address: _____ Co. Website: _____

Are your purchases exempt from MN Sales Tax? [] Yes [] No (If yes, please send us a completed state tax exempt form)

Does your company require a PO number? [] Yes [] No

Bank and Credit Information

Bank Name: _____ Account #: _____
Address: _____ Telephone # () _____
FAX#: () _____

City, St, Zip: _____

Trade References:

Company Name: _____ Contact: _____
Address: _____ Telephone # () _____
FAX#: () _____

City, St, Zip: _____

Company Name: _____ Contact: _____
Address: _____ Telephone # () _____
FAX#: () _____

City, St, Zip: _____

Company Name: _____ Contact: _____
Address: _____ Telephone # () _____
FAX#: () _____

City, St, Zip: _____

Authorization to Release Information and Agreement to Terms

To Whom It May Concern:
I/We hereby authorize our bank to release all pertinent credit information necessary to process our application for credit to: Custom Motors, LLC. By signing and submitting to this credit application, I/We certify that the information provided is true and correct and is complete to the best of my/our knowledge. I/We acknowledge that I/we have read and understand the terms and conditions of Custom Motors, LLC. and agree to adhere to these credit terms and policies unless otherwise agreed to in writing by both parties.

Company Name: _____
Authorized Signature: _____ Date: _____
Title: _____