

CREDIT APPLICATION

For your convenience, this form may be completed here and then printed. Please sign at the bottom.

BUSINESS NAME _____ PHONE (____)____-_____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

E-MAIL ADDRESS _____ FAX (____)____-_____ CELL (____)____-_____

NATURE OF BUSINESS _____ CORP ☐ PARTNERSHIP ☐ PROP ☐

FEDERAL I.D. #____-_____ S.S.N. #____-____-_____ START DATE (Year) _____

TAX EXEMPT: NO ☐ YES ☐ "If "YES", please submit sales tax exemption certificate for your state"

REQUIRE P.O. YES ☐ NO ☐ INVOICES ARE NOT MAILED. EMAILED ☐ or FAXED ☐ ONLY.

PROPERTY: OWNED ☐ RENTED ☐ If Rented; Landlord _____ Phone(____)____-_____

OWNERS NAME _____ PHONE (____)____-_____

OWNERS ADDRESS _____ CITY _____ STATE ____ ZIP _____

PRIMARY BANK _____ ADDRESS _____

BANK CONTACT PERSON _____ PHONE (____)____-_____ FAX (____)____-_____

NAME THREE TRADE REFERENCES YOU CURRENTLY HAVE AN OPEN ACCOUNT WITH.

1. _____ PHONE (____)____-_____ FAX (____)____-_____

2. _____ PHONE (____)____-_____ FAX (____)____-_____

3. _____ PHONE (____)____-_____ FAX (____)____-_____

CREDIT TERMS

- All accounts are due & payable according to terms stated on your invoice copy.
- Any account with a balance 90 days old will be placed on a C.O.D. basis
- Charge privileges will be reviewed before credit is reinstated
- Finance charges will be charged on all overdue balances at 1.5% per month, 18% per year
- In the event credit is extended, the applicant agrees to pay all costs & expenses (including actual & reasonable attorney fees) incurred by ABS in collection of any outstanding accounts.

I authorize the credit manager of Auto Body Specialties, Inc. to obtain a written or oral report necessary for the purpose of decision on credit.

Signature _____ Date _____

(No application will be considered without a signature.)

Fax: 605-336-7641 Email to: abs.corp.office@absdelivers.com