

CONFIDENTIAL CREDIT APPLICATION

Thank you for applying for open account credit with Autobody Color Company. Please provide us with several business references and any other supporting information that might help us to accurately evaluate your credit history.

Bill To: _____ Are all invoices mailed to this location? Yes / No Centralized Purchasing? Yes / No

Company Name: _____
Street Address: _____
P.O. Box: _____ **City:** _____ **State/Province:** _____ **Zip/Postal:** _____

Ship To: (Please attach any additional sheets for branch locations or subsidiaries)

Company Name: _____
Street Address: (No P.O. Boxes) _____
City: _____ **State/Province:** _____ **Zip/Postal:** _____

Contacts: _____ **Title:** _____
_____ **Title:** _____
_____ **Title:** _____

Telephone: _____ **Fax:** _____

Type of Business: _____ **Markets Served:** _____

Of years in business: _____ **Tax Resale #:** _____ **is PO required?** _____

What type of products are you currently distributing? _____

Status: () Corporation () Limited Partnership () General Partnership () Sole Proprietorship

Trade References: (please provide at least 3)

1. Name: _____ **ContactName:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____

2. Name: _____ **ContactName:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____

3. Name: _____ **ContactName:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____

Principle Banking Institute:

Bank Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **Contact:** _____
Telephone: _____ **Fax:** _____
Account # & Type: _____ **Checking/Savings:** _____
Account # & Type: _____ **Checking/Savings:** _____

Authorization is hereby given to Autobody Color Company to obtain credit history from trade and bank references for the sole purpose of determining credit worthiness. Any information obtained will remain confidential.

"We believe that our firm is financially able to meet any commitments we have made and we expect to pay your invoices promptly within your TERMS OF NET 30 DAYS"

Signature: _____ **Title:** _____ **Date:** _____
