

CREDIT APPLICATION FORM

Please fill out completely for processing to proceed

Please Submit Application to:

Email: accountspayable@mikesavoievw.com

Phone: (248) 781-7900

BUSINESS CONTACT INFORMATION

Title			Date business commenced
Company name			<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation
Phone Fax			<input type="checkbox"/> Partnership <input type="checkbox"/> LLC
E-mail			<input type="checkbox"/> Other _____
Registered company address - City, State ZIP			

BUSINESS AND CREDIT INFORMATION

Legal Business Name:		Bank name:	
Owner, Partner, Corporate Officer:		Primary business address City, State ZIP Code:	
Phone:		Phone:	
Fax:		Account number:	
E-mail:		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

PURCHASE ORDERS

Are Purchase orders used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the purchase (s) will tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax ID# -
Name of person (s) authorized for approving invoices:	Phone: Email:		
Name of person (s) authorized for approving invoices:	Phone: Email:		
Name of person (s) authorized for paying invoices:	Phone: Email:		
Name of person (s) authorized for paying invoices:	Phone: Email:		

BUSINESS/TRADE REFERENCES

Company name		Contact	
Address		Phone	
City, State ZIP Code		Fax	
Type of account		E-mail	
Company name		Contact	
Address		Phone	
City, State ZIP Code		Fax	
Type of account		E-mail	
Company name		Contact	
Address		Phone	
City, State ZIP Code		Fax	
Type of account		E-mail	

AGREEMENT

1. Upon credit approval the undersigned agrees to terms of NET 30 days.
2. Accounts 60 days, or greater past due will be placed on a hold until the account is paid in full
3. By submitting this application, you authorize Mike Savoie Volkswagen of Troy to make inquiries into the banking and business/trade references that you have supplied.
4. This application is submitted for the purpose of obtaining credit with Mike Savoie Volkswagen of Troy. Incorporated and is warranted to be true. By signing this application, the undersigned acknowledges the he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the next due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes Mike Savoie Volkswagen of Troy to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the banks (s) of record releases regarding accounts.

SIGNATURE(S) – OF AUTHORIZED OWNERS, PARTNER, OR COPROPRATE OFFICER REQUIRED

Signature		Signature	
Name - <i>printed</i>		Name - <i>printed</i>	
Title		Title	
Phone		Phone	
Date		Date	