

# APPLICATION FOR CREDIT



Call on the leader

1-800 Radiator and A/C of Central Northern Michigan  
2976 Larch Rd.  
Harrison, MI. 48625  
Phone (989) 539-5471  
Fax (989) 539-9111

Date \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different than shipping address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

## OWNERSHIP

Corporation  Check here if incorporated within the last 12 months.  Partnership  Individual

1. \_\_\_\_\_  
Names of principal(s) Complete address Zip Phone

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## FINANCE

1. \_\_\_\_\_  
Names of bank Complete bank address Zip Phone

2. \_\_\_\_\_

## REFERENCES

1. \_\_\_\_\_  
Business name Complete address Zip Phone

**REFERENCES (cont.)**

2. \_\_\_\_\_

3. \_\_\_\_\_

Estimated line of credit requested \$ \_\_\_\_\_

Check here if purchase order required. **Sales Tax Number** \_\_\_\_\_

**TERMS**

If credit is granted I understand that terms are **NET TENTH.** Delinquent accounts will be assessed a monthly fee of 2% (24% per annum) for unpaid balances. After 45 days past due, delinquent accounts will be put on a COD basis. Any expenses incurred in the collection of bad debt by 1-800 Radiator and A/C of Central Northern Michigan will be passed onto the creditor.

I, \_\_\_\_\_, will personally be responsible for payment of any and all charges incurred by \_\_\_\_\_ through any of its authorized employees acting as its agent. This includes any and all parts, supplies or services incurred in the name of \_\_\_\_\_ through it's authorized agents.

I certify that all the above information is complete and accurate. You are authorized to investigate my credit and employment history and to release information about your credit experience with me.

If accepted I agree to pay a monthly finance charge for unpaid balances, and I understand that balances are to be paid in full monthly.

Authorized Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Date \_\_\_\_\_ Credit line \$ \_\_\_\_\_ . \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Authorized By: \_\_\_\_\_

Revised: January 2012