

Please print this form, complete in its' entirety, sign, and fax to the number below.

CREDIT APPLICATION
CAR DEALER DEPOT

FAX # (530)688-6523 , ATTN: CREDIT DEPARTMENT

COMPANY INFORMATION :

Full Business Name : _____ DBA: _____

Billing Address: _____ City _____ St. _____ Zip: _____

Shipping Address: _____ City _____ St. _____ Zip: _____

Phone: _____ Fax : _____ E-MAIL Addr. _____

Tax Exempt _____ Yes _____ No (Attach Exempt Certificate)

Corporation _____ Partnership _____ Proprietorship _____

Federal ID # _____

*** IF PARTNERSHIP OR PROPRIETORSHIP, COMPLETE THE FOLLOWING****

PRINCIPAL'S NAME : _____ SS # _____

ADDRESS: _____ CITY _____ ST. _____ ZIP : _____

CREDIT REFERENCES WE MAY CONTACT:

Financial Institution : _____ Account# _____

Address: _____ City _____ St. _____ Zip: _____

Contact Name: _____ Phone : _____ Fax : _____

Supplier : _____ Account # _____

Address: _____ City _____ St. _____ Zip: _____

Contact Name : _____ Phone: _____ Fax : _____

Supplier: _____ Account # _____

Address: _____ City _____ St. _____ Zip: _____

Contact Name: _____ Phone: _____ Fax : _____

Supplier: _____ Account # _____

Address: _____ City _____ St. _____ Zip: _____

Contact Name: _____ Phone: _____ Fax : _____

Supplier : _____ Account # _____

Address : _____ City _____ St. _____ Zip : _____

Contact Name: _____ Phone : _____ Fax : _____

Supplier : _____ Account # _____

Address: _____ City _____ St. _____ Zip: _____

Contact Name : _____ Phone : _____ Fax : _____

APPLICANT, if granted the privileges of an account, agrees to pay all invoices in full within 30 days of invoice date. Applicant further agrees to pay Finance charge of 2% per month on any balance over 30 days, and to reimburse company for actual and reasonable collection charges and legal fees incurred if account becomes delinquent.

Print Name : _____ Tittle : _____

Signature: _____ Date : _____