



4721 Trademark Dr. Raleigh NC, 27610 Ph:(800) 849-9215

Fax: (919) 861-4357

CREDIT APPLICATION

Application Information

Date \_\_\_\_\_

Type of Business (choose one)	<input type="radio"/> Sole Proprietorship
	<input type="radio"/> Partnership
	<input type="radio"/> Corporation/State

Federal ID# \_\_\_\_\_

Sales Tax # \_\_\_\_\_

Company Name \_\_\_\_\_

Phone : \_\_\_\_\_

Address \_\_\_\_\_

Fax : \_\_\_\_\_

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

Email : \_\_\_\_\_

Accounts Payable

Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

Fax : \_\_\_\_\_

Email : \_\_\_\_\_

Company ever filed bankruptcy  Yes  No

If Yes, Explain \_\_\_\_\_

# of Years in Business Under this Name \_\_\_\_\_

# of Years @ This Location \_\_\_\_\_

Sales Volume \$ \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_

Payment Personally Guaranteed?  Yes  No

By \_\_\_\_\_

Title \_\_\_\_\_

Ownership			
Name of Owner	_____	Phone Number	_____
Home Address	_____	City	State _____ Zip _____
Name of Owner	_____	Phone Number	_____
Home Address	_____	City	State _____ Zip _____
Name of Owner	_____	Phone Number	_____
Home Address	_____	City	State _____ Zip _____



4721 Trademark Dr. Raleigh NC, 27610 Ph:(800) 849-9215

Fax: (919) 861-4357

**CREDIT APPLICATION**

**Bank References**

Name of Bank \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Name of Bank \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**Trade References**

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

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

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

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

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Account # \_\_\_\_\_

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

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note our TERMS are NET 10th for charge accounts! A finance charge of 1.5% per month (18% annually) will accrue on ALL accounts which are past due.**

By signing below, I agree to the above stated terms and conditions.

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

Title \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please take note that if for any reason the purchaser on this application fails to comply with our terms and conditions listed, we (Southeastern Wholesale Tire) are entitled to pursue legal actions and/or turning the account over to a collection agency. The purchaser will be responsible for ALL attorney fees, collection fees, court fees, and any other fees related to the case.**

Credit Approved Amount \$ \_\_\_\_\_  Credit Disapproved By \_\_\_\_\_ Date \_\_\_\_\_