



Dodge Cars • Dodge Trucks

CREDIT APPLICATION

BUSINESS NAME: _____ **PHONE #:** _____

ADDRESS / P.O. BOX: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BILLING ADDRESS: _____

TYPE OF BUSINESS: _____

HOW LONG AT LOCATION: _____

IF LESS THAN 5 YEARS PREVIOUS LOCATION: _____
ADDRESS / P.O. BOX

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK THAT YOUR CHECKS ARE DRAWN ON:

NAME: _____ **TELEPHONE #:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK REPRESENTATIVE (If possible): _____

I AUTHORIZE RELEASE OF INFORMATION _____

AUTHORIZED SIGNATURE

FAX TO: 469-467-1655



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SIMILAR COMPANY'S THAT YOU ARE PRESENTLY DOING BUSINESS WITH:

NAME OF CO. ADDRESS PHONE # CONTACT CREDIT LINE ACCT #

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

____ **CORPORATION** ____ **PARTNERSHIP** ____ **SOLE PROPRIETORSHIP**

HOME OFFICE: _____

OWNER, PRESIDENT OR PARTNER: _____

ADDRESS: _____

TELEPHONE #: _____

DRIVER LICENSE #: _____ **SOCIAL SECURITY #:** _____

TAX I.D. #: _____

I HEREBY TAKE FULL RESPONSIBILITY THAT ALL CHARGES WILL BE PAID WITHIN 30 DAYS AFTER INVOICE TO HUFFINES DODGE.

**PARTNERSHIP AND SOLE PROPRIETOR MUST HAVE SIGNATURE OF OWNER.
CORPORATION MUST HAVE SIGNATURE OF OFFICER.**

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____