

Acct. No: _____ Sale Code _____ Date: _____

DON HERRING MITSUBISHI PARTS CENTER

DALLAS IRVING PLANO

PARTS DIRECT: 469-443-1820 FAX: 469-443-1872 OUT OF AREA: 866-375-4074

Name of Business _____ Phone: _____
Address _____ City _____
State _____ Zip _____

OWNER(S) NAME _____ DATE OF BIRTH: _____
S.S.# _____ Address _____
City _____ State _____ Zip # _____
BUSINESS FOUNDED _____ State Tax No. # _____ State _____
CORP. _____ PROPRIETORSHIP _____ PARTNERSHIP _____

Bank References: _____ Zip _____
Address: _____ City _____ State _____
Bank Officer: _____ ACCOUNT NO# _____

CREDIT REFERENCES: CHARGE ACCOUNT S ONLY
PLEASE INCLUDE THREE AUTO DEALERS
ONE MITSUBISHI DEALERSHIP IF POSSIBLE

1. NAME _____ PHONE _____
Address: _____ CITY _____ STATE _____
ACCOUNT NO# _____

2. NAME _____ PHONE# _____
Address: _____ CITY _____ STATE _____
ACCOUNT NO# _____

3. NAME _____ PHONE# _____
Address: _____ CITY _____ STATE _____
ACCOUNT NO# _____

Is Purchase Order Required? YES NO
Name(s) of person(s) authorized to issue P.O.'s _____

I/We here by authorize all of the above named person(s) or companies to release to DON HERRING MITSUBISHI, or it's representatives such information with regard to my/our financial conditions and/or history which may reasonably have a bearing on this application. I/We understand that all accounts are DUE ON THE 10TH OF THE MONTH, after date of statement. I/We understand that all credit may be terminated by DON HERRING MITSUBISHI, without notice if for any reason it becomes necessary to collect or pursue collection, including attorney, and legal fees. I/We also personally guarantee and all liability if for any reason it becomes necessary to collect or pursue collection including attorney and legal fees as a result of this application. I/We also state all above information given is TRUE.

Date: _____ Signed: _____ Please Print Name _____
Title _____
Date: _____ Signed: _____ Please Print Name _____
Title _____

Shipping and receiving comments, if any: _____