



Dallas - Frisco

APPLICATION FOR CHARGE ACCOUNT

NAME OF COMPANY: _____

LOCAL ADDRESS: _____
(STREET) (P.O. BOX) (CITY) (STATE) (ZIP)

BILLING ADDRESS (IF DIFFERENT): _____

HOW LONG IN BUSINESS AT THIS ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

NATURE OF BUSINESS: _____

CORPORATION: _____
(NAME OF OFFICERS)

PARTNERSHIP: _____
(NAME OF PARTNERS)

PROPREITORSHIP: _____
(NAME OF OWNER)

Are Purchase Orders used on all purchases? YES NO
If no Purchase Orders are used, APPLICANT ASSUMES FULL RESPONSIBILITY FOR ALL CHARGES made in their behalf.

SPECIAL INSTRUCTIONS: _____
ACCOUNT TO BE OPENED FOR: PARTS PURCHASES() VEHICLE REPAIRS()
DESCRIPTION OF VEHICLES TO BE SERVICED _____

BANK REFERENCE: _____
CHECKING ACCOUNT #: _____

CREDIT REFERENCES (NAME & PHONE NUMBERS):
BANK: _____
AUTO DEALERSHIPS: _____

OTHERS: _____

I do hereby apply for a charge account. I understand that payment for all charges are due by the tenth (10th) of the month following the charge.

(Signature of Applicant and Title)

Fax to: 214-691-2050 (Dallas) / 972-731-6423 (Frisco)