



Dealer Credit Application

Business Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Owner/Manager: _____ Phone: _____
How Long in Business: _____ Fax: _____
ICC #: _____

TRADE REFERENCES

Name: _____ Phone: _____
Fax: _____

Name: _____ Phone: _____
Fax: _____

Name: _____ Phone: _____
Fax: _____

BANK REFERENCE

Name: _____ Address: _____
Phone: _____ Fax: _____

Credit Line Requested \$: _____

Person Authorized to Charge: _____

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Authorized Signature