

REMKE'S GARAGE, LLC



8122 South Grant Hwy. ♦ Marengo, IL 60152
Phone 815-923-4182 ♦ Fax 815-923-2207

APPLICATION FOR CREDIT

DATE _____

CUSTOMER INFORMATION

NAME OF BUSINESS _____

MAILING ADDRESS _____

SHIPPING ADDRESS _____

TELEPHONE NO. _____ FAX _____

EMAIL _____

TYPE OF OWNERSHIP _____ YEARS IN BUSINESS _____

FEIN # _____ RESALE# _____

ANOTHER LOCATION AT? _____

ACCOUNT TYPE: COD _____ OPEN ACCOUNT _____ CREDIT CARD _____ CREDIT LIMIT REQUESTED \$ _____

REFERENCES:

BANK NAME _____ ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

1. TRADE NAME _____ ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

2. TRADE NAME _____ ADDRESS _____

TELEPHONE NO. _____ FAX NO. _____

The undersigned expressly agrees to make payment in full for all purchases in accordance with Remkes Garage terms of NET 30 days. A service charge of 1 1/2% per month will be charged on all past due invoices. The undersigned further agrees to pay all reasonable attorney's fees and all other costs and expenses incurred by Remkes Garage in the collection of any obligation of the undersigned pursuant hereto.

The undersigned further authorizes the bank/references listed above to release information to Remkes Garage, LLC.

Signature of principal/officer/owner

Title

Date