

REMKE'S Garage

Phone: 815-923-4182 Fax: 815-923-2207
info@remkesgarage.com

Application for Credit

Applicant Information

Business Name: _____ Date: _____

Mailing Address: _____
Street Address *Apartment/Unit #*

Shipping Address: _____
City *State* *ZIP Code*
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Email: _____

Phone No: _____ Fax No: _____

FEIN #: _____ Resale #: _____

Type of Ownership: _____ Years in Business: _____

Another Location (if applicable) _____

Accounts Payable

Contact Person: _____

Phone No: _____ Email: _____

Account Information

Type of Account: COD: Open Account: Credit Card:

Credit Limit Requested \$ _____

Bank Name: _____

Bank Address: _____

Phone No: _____ Fax No: _____

References

Please list three references.

Trade Name: _____ Address: _____

Phone No: _____ Fax No: _____

Trade Name: _____ Address: _____

Phone No: _____ Fax No: _____

Trade Name: _____ Address: _____

Phone No: _____ Fax No: _____

Disclaimer and Signature

The undersigned expressly agrees to make payment in full for all purchases in accordance with Remke's Garage term of **NET 30** days. A service charge of **1½ %** per month will be charged on all past due invoices.

The undersigned further agrees to pay all reasonable attorney's fees, all other costs, and expenses incurred by Remke's Garage in the collection of any obligation of the undersigned pursuant hereto.

The undersigned further authorizes the bank and references listed above to release information to Remke's Garage, LLC.

Signature of Principle/Officer/Owner

Title

Date