APPLICATION FOR CREDIT

PLEASE PRINT

800-589-6589
419-472-2128
www.shradertireandoil.com

PO Box 5407 Toledo, OH 43613

Name of Business (Billing Address)

Name _____ Phone # _____
Street _____ Fax # _____
City, State, Zip _____ FED. I.D. # _____

Ship To Location (if different)

Name _____
Street _____
City, State, Zip _____

Form of Business (Check Applicable Box)

☐ Proprietorship ☐ Partner
☐ Corporation ☐ Other

Length of Time in Business: _____

Owner's Name	Owner's S.S. #	Owner's Address(es)
1.		
2.		

BANK INFORMATION

Bank Name _____ Address _____ Phone # _____

TRADE REFERENCES

PLEASE INCLUDE FAX #'S Vendor Name	PLEASE INCLUDE FAX #'S Address	 Phone #	PLEASE INCLUDE FAX #'S **Fax #**
1.			
2.			
3.			
4.			
5.			

Are Purchase Orders Required to Charge Your Account? YES NO
Are You Tax Exempt? (If yes, please attach a signed tax exemption certificate.) YES NO

Terms: FOR OPEN ACCOUNTS, PAYMENT IS DUE ON THE 10th OF THE MONTH FOLLOWING THE MONTH OF SALE. IF NOT PAID BY THE END OF THE MONTH THAT PAYMENT IS DUE, THE BALANCE IS SUBJECT TO A 1.5% SERVICE

THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Shrader Tire & Oil to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

BY: _____ TITLE: _____ DATE: _____

TO BE COMPLETED BY SALESMAN: _____ **DATE GIVEN TO CUSTOMER:** _____

Salesman: _____ Customer Type: _____ Estimated Monthly Purchases: _____

Retread customer? YES NO Pricing Matrix: YES NO Delivery Day(s): _____

Fleet Sheet Mailing: TO: (Billing Address YES or NO) (Ship-to's YES or NO)

Fleet Sheet Contact Name(s): _____

WHEN COMPLETE FAX TO: 419-471-2534

REVISED: 11/5/2009