



**BUSINESS CREDIT APPLICATION**  
**FAX APPLICATION TO 413-552-0401**  
 OR Lreniewicz@marcotteford.com

OFFICE USE ONLY
Account#
Credit Limit

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Billing Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 e-mail Address \_\_\_\_\_  
 Bookkeeper \_\_\_\_\_ EXT \_\_\_\_\_ Office Manager \_\_\_\_\_ EXT \_\_\_\_\_  
 Year established \_\_\_\_\_  Corporation  Partnership  Proprietorship  Other \_\_\_\_\_

**NAMES AND ADDRESSES OF OWNERS, PARTNERS, OR OFFICERS:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Home Address: Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Home Address: Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**CREDIT REFERENCES: (Automotive related)**

Creditor Name \_\_\_\_\_ Account# \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Creditor Name \_\_\_\_\_ Account# \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Creditor Name \_\_\_\_\_ Account# \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Creditor Name \_\_\_\_\_ Account# \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BANK REFERENCE:**

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Account/Checking# \_\_\_\_\_

Tax Exempt# \_\_\_\_\_ Purchase Order Number Required? \_\_\_\_\_

Individuals Authorized to Charge \_\_\_\_\_

CREDIT LIMIT DESIRED: \$ \_\_\_\_\_

**CREDIT TERMS:**

- \* Credit applicant agrees to pay all costs of collection, including court costs and attorneys fees.
- \* Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
- \* All transactions are governed by the laws of the Creditor's state.
- \* All transactions are governed by the terms of the Creditor's documents.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes Marcotte Ford Sales, Inc. to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

I understand that payment in full is due by the 10th of the month following statement.

Accounts not paid in 30 days could be suspended.

Signature of Credit Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Credit Applicant & Title \_\_\_\_\_