

1-800-226-6437 conger.com

CREDIT APPLICATION / INITIAL CUSTOMER SET-UP

	aluated unless all requested information is p tial between applicant and Conger Toyota-lif	rovided to Conger Toyota-lift. All accounts are subject to e t.	valuation and approval by Conger Toy	ota-lift. All information submitted on
Date:			C	redit line requested:
Business Name:				
(include d/b/a) Parent Company:		Location:	Own or Leas	e (circle one)
Year Established:		Number of Employees:		
Billing Address:				
	Street	City	State	Zip
Shipping Address:	Street	City	State	Zip
Main Phone Number:		Accounts Payable Contact:		
Main Fax Number:		Accounts Payable Telephone Number:		
Website information:		Please provide an accounts payable email address(es).		
		Invoices will only be emailed to the address(es) given.		
Gusiness Structure: Individual Partnership Corporation LLC./LLP.		Annual Sales Last Year: Estimated Sales This Year: Has either the business or owners/officers been involved in, or are currently operating under, bankruptcy protection?		
rederai Tax ID Number		Please explain:	a in, or are currently operating under	, папктирису ргонесиоп?
* If applicant is a partnership or individual	l, please provide information on principal owner.	s:		
Name/Title	Address		Cell Phone	% Ownership
Bank Information:				
Primary Bank Name:		Checking Balance:	Account #	
Address:		Savings Balance:	Phone Number:	
Contact Name:			Fax Number:	
Trade References (3 required) Name	City / State /Zip	Email	Phone	Fax
1				
2				
3				
***SALES TAX**	* Please provide a copy of your c	urrent sales tax exemption certificate with t ll invoices. (Note: W-9 does "not" constitut	his application. Failure to do	so will
		Terms and Conditions	F/	
	ION OF YOUR CREDIT HISTORY INCLUDING, BUT	DISCLOSURE: BY THE SIGNATURE OF THE APPLICANT (OFFICE NOT LIMITED TO, OBTAINING COMMERCIAL AND/OR CONSUM		
PERSONAL GUARANTEE: IF YOUR BUSINE AND WHEREAS OTHERWISE DEEMED APPR		VOULD LIKE TO BE CONSIDERED FOR TERMS, A PERSONAL GUA	ARANTEE WILL BE REQUIRED AND SENT CO	ONTINGENT UPON A FULL CREDIT REVIEW
EACH INVOICE. THE CUSTOMER HEREBY A INFORMATION IS WILLINGLY SUPPLIED AN IS ALSO AUTHORIZED TO OBTAIN CREDIT I	GREES TO PAY ALL COSTS OF COLLECTION OR I ID THE CREDITOR IS AUTHORIZED TO CONTACT REPORTS ON THE PROPRIETORS, PARTNERS, OR I	TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARG LEGAL FEES INCLUDING REPOSSESSION AND STORAGE FEES; SI THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO EST. PRINCIPALS IF DEEMED NECESSARY FOR CREDIT APPROVAL. SI NOF THE CREDITOR. THE CREDITOR MAY TERMINATE ANY CRE	HOULD SUCH ACTION BE NECESSARY DUE ABLISH THE CREDITWORTHINESS OF THE HOULD CREDIT AVAILABILITY BE GRANTI	TO NON-PAYMENT. THE ABOVE ABOVE NAMED COMPANY. THE CREDITOR ED BY THE CREDITOR, ALL DECISIONS
THE TERMS AND CONDITIONS OF THIS C	REDIT APPLICATION WILL BE PERPETUAL TO	ANY FUTURE TRANSACTIONS BETWEEN THE GRANTOR AND	GRANTEE.	
Please X the requested method of payn	ner N10: COD:			
I HAVE READ AND UNDERSTAND	THE ABOVE TERMS AND CONDITIONS	, AND HEREBY AGREE TO THEM.		
Authorized Signatures:			-	

Print Name

Print Name