

**Business Contact Information**

Business Name:	<input type="text"/>	Business Type (e.g. "LLC"):	<input type="text"/>
Business Address:	<input type="text"/>	Suite / Building / Number:	<input type="text"/>
City:	<input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
Operational Contact:	<input type="text"/>	Phone: ( <input type="text"/> )	-
Accounting Contact:	<input type="text"/>	Fax: ( <input type="text"/> )	-

**Business Credit Information**

Business Start Date:	<input type="text"/>	Time at Current Address:	<input type="text"/>
Resale Number:	<input type="text"/>	Federal Tax ID (EIN):	-
Credit Line Requested:	<input type="text"/>	Parts Only: <input type="radio"/>	Labor Only: <input type="radio"/>
		Parts & Labor: <input type="radio"/>	Vehicle Account: <input type="checkbox"/>

**Banking Information**

Bank Name:	<input type="text"/>	Phone: ( <input type="text"/> )	-
Bank Address:	<input type="text"/>	Suite / Building / Number:	<input type="text"/>
City:	<input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
Account Type:	<input type="text"/>	Account Number:	<input type="text"/>

**Business / Trade References**

Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Business Address:	<input type="text"/>	Phone: ( <input type="text"/> )	-
City:	<input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Business Address:	<input type="text"/>	Phone: ( <input type="text"/> )	-
City:	<input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>
Business Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Business Address:	<input type="text"/>	Phone: ( <input type="text"/> )	-
City:	<input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>

**Terms of Agreement**

1. Applicant guarantees net 10-day payment.
2. Claims arising from invoices must be made within seven (7) working days.
3. Applicant attests financial responsibility, willingness, and ability to pay our invoices in accordance with our terms.
4. If any action at law or in equity is necessary to enforce or interpret the terms of this agreement, the prevailing party shall be entitled to reasonable attorney's fees, cost, and necessary disbursements. In addition to any other relief to which it may otherwise be entitled.
5. The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

**Affirmation**

**Electronic Submission**

By inserting my name below, I agree to the stated Terms of Agreement. I also agree to mail a signed original copy to the Business Office Manager, which is a requirement of the credit terms.

\* Form must be signed by an Executive Officer of the company.

Name\*:

Title\*:

**Fax or Mail Submission**

By signing my name below, I agree to the stated Terms of Agreement. I also agree to mail a signed original copy to the Business Office Manager, which is a requirement of the credit terms.

\* Form must be signed by an Executive Officer of the company.

**X** \_\_\_\_\_

Signature\*

**Infiniti of Mission Viejo | 28471 Marguerite Pkwy, Mission Viejo CA 92692 | fax: (949) 716-8824**

**Internal Use Only**

Date Completed:	<input type="text"/>	Reviewed By:	<input type="text"/>	Status:	<input type="text"/>
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