



Marcotte

BUSINESS CREDIT APPLICATION

Fax or E-mail to
413-552-0401

OFFICE USE ONLY
Account#
Credit Limit

marta@marcotteford.com

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 _____