



81-943 Hwy 111, Indio, CA 92201
 Phone: (760) 347-4034
 Fax: (760) 775-1094
 www.danielstireservice.com

APPLICATION FOR CREDIT - COMMERCIAL ACCOUNT

Please Type or Print

Credit Line Requested \$ _____

| | | | | | | | |
|---|--|----------------|---------------------|--------------------------------------|--|-----------------------------|---------------|
| Customer Name/Trade Style | | | | Address | | | |
| City | | State | Zip | Phone | | Fax | |
| e-Mail Address | | | | | e-Mail Your Statement Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| President/Owner | | Vice President | | Individual <input type="checkbox"/> | Corporation <input type="checkbox"/> | Years in Bus. | # of Vehicles |
| | | | | Partnership <input type="checkbox"/> | LLC <input type="checkbox"/> | | |
| Building Owned <input type="checkbox"/> Rented <input type="checkbox"/> | | | | Mortgagee/Landlord | | Name _____ Address _____ | |
| Name of Parent (Related) Company | | | Subsidiary Division | | Will Parent Guarantee Purchase Contracts | | |
| Bank Name | Address | | Phone | Contact | | Account # | |
| Bank Name | Address | | Phone | Contact | | Account # | |
| Trade Reference | City/State | | Phone | Fax | Contact | | |
| Trade Reference | City/State | | Phone | Fax | Contact | | |
| Trade Reference | City/State | | Phone | Fax | Contact | | |
| Trade Reference | City/State | | Phone | Fax | Contact | | |
| Purchase Order Required Yes <input type="checkbox"/> No <input type="checkbox"/> | Persons Authorized to Issue Purchase Orders 1 _____ 2 _____ | | | | | Sales Tax Number | |

It is understood and accepted by the undersigned Applicant that:

- (a) All open charges are due and payable net 10th Prox (by the 10th of the month following the date of your invoice).
- (b) Any open amounts not paid per terms are subject to 1 1/2% per month (APR 18%) service charge from due date until paid.
- (c) Applicant agrees to pay such costs, expenses and attorney's fees as Daniels Tire Service, Inc. may incur in any manner of collection of any sums due Daniels Tire Service, Inc., as part of any credit extended on the basis of this application.
- (d) Credit will not be extended until this completed application has been received and a credit limit established.

The undersigned hereby certifies that this application is for the purpose of securing credit from Daniels Tire Service, Inc., solely on the basis of the Application and financial data submitted herewith. You are authorized to check credit information submitted, as well as all other sources available to you, and to answer questions about your credit experience with us when requested by others.
 (signer has expressed authority of President/Owner)

SIGNATURE _____ TITLE _____ DATE _____

Please mail in the original signed document to:
 Daniels Tire Service
 P.O. Box 3708
 Santa Fe Springs, CA 90670

| | |
|-----------------|--------------|
| Office Use Only | |
| Sales # _____ | Acct # _____ |