

Wallace

Business Credit Application

Company/Name/Address

Name of Business:				In Business Since:	
Legal Form Under Which Business Operates:					
	Corporation €	Partnership €	Proprietorship €		
If Division/Subsidiary, Name of Parent Company:				In Business Since:	
Name of Company Principal Responsible for Business Transactions:				Title:	
Address:	City:	State:	ZIP:	Phone:	
Name of Company Principal Responsible for Business Transactions:				Title:	
Address:	City:	State:	ZIP:	Phone:	
Accounts Payable Contact:				Phone:	
Email Monthly Statement	() Yes	() No	AP Email Address:		

Bank Reference

Institution Name:			Contact Name:		
Account #:	Telephone:		Email:		
Address:					

Trade References – Completion of all fields is required for application acceptance

Company Name:				Contact Name:	
Address:					
Phone (required):				Email (required):	
Company Name:				Contact Name:	
Address:					
Phone (required):				Email (required):	
Company Name:				Contact Name:	
Address:					
Phone (required):				Email (required):	
Company Name:				Contact Name:	
Address:					
Phone (required):				Email (required):	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Owner or Officer *Signature required*

Date

Wallace Auto Group
3801 SE Federal Highway, Stuart, FL 34997
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