

25926 State Road 2
South Bend, IN 46619



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COMMERCIAL CREDIT APPLICATION

Business Name: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

President: _____ Treasurer: _____

Number of years in Business: _____ Number of Employees: _____

Delivery Address CHECK IF SAME AS BUSINESS []

Street Address: _____

City, State, Zip: _____

Accounts Payable Contact:

Contact Name: _____ Phone: _____ Fax: _____

Address: _____ Tax Exempt #: _____

Email: _____

Bank Name: _____ Bank Phone: _____

Trade References - Vendor Name: _____

Phone: _____

_____ | _____

_____ | _____

_____ | _____

I hereby represent that I am authorized on behalf of the client named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I hereby authorize to investigate the references listed pertaining to credit and financial responsibility. I hereby certify that any false representatives of said information are grounds to cancel this application. I acknowledge and agree that the Agreement will not become effective until this information is verified and approved.

Signature _____ Date: _____

Office Use:

Authorized Credit Limit: _____ Authorized By: _____ Date: _____