



# Business Credit Application

Phone (501) 982-7451

Fax (501) 982-4876

EX: \_\_\_\_\_

EDEN: \_\_\_\_\_

OTHER: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: Corporation:  Partnership:  Sole Proprietorship:

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Delivery Notification Email: \_\_\_\_\_

Email Statement: \_\_\_\_\_ PO Required? Y N

Persons Authorized To Charge: \_\_\_\_\_

## Information Concerning Corporate Officers:(or owners if not incorporated)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Bank Reference:

Bank Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Credit References:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Accounts are due by the 20th, past due by the 30th, will be put on COD after 45 days. After 90 days the account will be turned over for collection. The undersigned grants you permission to use this information to obtain the necessary information to make a decision on the credit application of the undersigned in consideration of credit being extended to the above named applicant(s).

This is to certify that we hold valid Arkansas Sales Tax Permit #: \_\_\_\_\_ and that the parts or services purchased from Sonny's Auto Salvage are for resale. We will be responsible for paying taxes on any purchases made by us for purposes other than resale.

Must fill out Resale Certificate for file if exemption is claimed.

Owner/Corporate Officer (Signature): \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Corporate Officer (Printed): \_\_\_\_\_ Date: \_\_\_\_\_