

Audi Central Houston

2120 Southwest Freeway
Houston, Texas 77098

Fax: (713) 596-3584

Phone: (713) 596-3500

Application For Credit

Date _____

Company Name: _____

Mailing Address: _____

Street Address: _____

Type of Business: Corporation___ Partnership___ Individual___

If corporation: State of Incorporation: Year of Incorporation:

Name & Address of Parent Company: _____

Do they Guarantee this account? _____

Names, Titles, Home address and telephone number of Offices, Partners or Owner:

1 _____

2 _____

3. _____

4. _____

Bank Information

Bank Name and Address: _____

Account Number _____ Telephone number _____

Bank Officer: _____

Business References

(List Four) Minimum 6 months established, local referenced please!

Company name: _____

Address: _____

Phone No. _____ Person To Contact _____

Company name: _____

Address: _____

Phone No. _____ Person To Contact _____

Company name _____

Address _____

Phone No. _____ Person To Contact _____

Company name _____

Address _____

Phone No. _____ Person To Contact: _____

Name Of Purchasing Agent _____ Phone Number _____

Other Persons Authorized to Purchase

_____ Phone Number _____

_____ Phone Number _____

_____ Phone Number _____

Name of Company Financial Officer _____ Phone Number _____

Name of Accounts payable contact _____ Phone Number _____

Do you require a purchase order number? Yes _____ No _____

Are you tax exempt: Yes _____ No _____ (If yes signed certificate must accompany this application)

Dollar amount of credit line requested? \$ _____

Customer Authorization: I am authorized to make this application and statement to obtain credit from Momentum Audi and agree to pay according to the terms of the sale as stated on each statement. I also agree that if payment is not made within statement terms, I will pay a finance charge of 1.50% or the maximum allowable per application law, per month on the unpaid balance. Momentum Audi is hereby authorized to investigate and substantiate the information contained on this application to report by performance of this agreement as interested parties as permitted by law.

Signature

Signature

Address

Address

Office use only

Department _____ Date Received _____

Order Pending: Yes ___ No ___ If yes Amount \$ _____

| Referenced Contacted | | | | | |
|----------------------|------|---------|-------|-------|---------|
| Date | High | Balance | Terms | Since | Remarks |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Approval _____ Date _____ By _____ Credit Limit \$ _____