

**DON HERRING**  
**MITSUBISHI**

**PARTS CENTER**

**DALLAS**

**IRVING**

**PLANO**

**PARTS DIRECT: 469-443-1820    TOLL FREE: 844-329-5220    FAX: 469-443-1872**

Acct No: \_\_\_\_\_ Sale Code: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Owners Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Founded: \_\_\_\_\_ State Tax #: \_\_\_\_\_ State: \_\_\_\_\_

CORP: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_

Bank References: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Acct #: \_\_\_\_\_

**CREDIT REFERENCES/CHARGE ACCOUNTS ONLY/PLEASE INCLUDE THREE AUTO DEALERS**

Name \_\_\_\_\_ Ph. #: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

Account #: \_\_\_\_\_

Name \_\_\_\_\_ Ph. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Account #: \_\_\_\_\_

**Name** \_\_\_\_\_ **Ph. #:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Account #: \_\_\_\_\_

Is Purchase Order Required?    YES: \_\_\_\_\_ NO: \_\_\_\_\_

Name of Persons Authorized to Issue PO's \_\_\_\_\_

\_\_\_\_\_

I/We here by authorize all of the above named person (s) or companies to release to Don Herring Mitsubishi, or it's representatives such information with regard to my/our financial conditions and/or history which may reasonably have a bearing on this application. I/We understand that all accounts are DUE ON THE 10<sup>TH</sup> OF THE MONTH, after date of the statement. I/We understand that all credit may be terminated by DON HERRING MITSUBISHI without notice if for any reason it becomes necessary to collect or pursue collection, including attorney and legal fees. I/We also personally guarantee any and all liability if for any reason it becomes necessary to collect or pursue collection including attorney and legal fees as a result of this application. I/We also state all above information given is TRUE.

Date \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Credit Report Date:** \_\_\_\_\_ **Keep All Documents with Application**    **Approved By:** \_\_\_\_\_

**Entered By:** \_\_\_\_\_