SONIC AUTOMOTIVE

AUDI *of* West Houston

15865 KATY FRWY. HOUSTON, TX 77094 281-899-3470 fax 281-899-3496

CREDIT APPLICATION

DATE				
COMPANY NAME				TYPE of BUSINESS : ☐ DEALER ☐ FLEET ☐ AUTO BODY ☐ MECHANICAL
ADDRESS				
CITY	STATE	ZIP	PHONE NUMBER	
☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION TYPE :			FED ID. # or Soc. Sec. #	HOW LONG IN BUSINESS ?

OWNER

NAME	ADDRESS - CITY - ST. - ZIP	
PHONE	DRIVERS LICENSE	ACCOUNTS PAYABLE NAME AND PHONE NUMBER

BANK REFRENCES

BANK	ADDRESS - CITY - ST. - ZIP	
OFFICER	PHONE	ACCOUNT NUMBER #

CREDIT REFRENCES

NAME	ADDRESS - CITY - ST. - ZIP	PHONE	CONTACT
NAME	ADDRESS - CITY - ST. - ZIP	PHONE	CONTACT
NAME	ADDRESS - CITY - ST. - ZIP	PHONE	CONTACT

TERMS : If granted credit I agree to pay all bills, DUE BY THE 10th OF THE MONTH, following purchases.
All accounts are subject to a 1.5 % service charge if not paid in 30 days.

SIGNATURE PRINT NAME TITLE DATE

The person signing this application is giving permission to the listed Credit References to release information for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

A separate, signed and completed STATE SALES TAX CERTIFICATE is required.

SALES TAX EXEMPT ? ☐ YES ☐ NO	STATE SALES TAX CERTIFICATE #	STATE

OFFICE USE ONLY

NOTES :

☐ APPROVED ☐ DECLINED ☐ ADDITIONAL INFORMATION REQUIRED

CREDIT MANAGER	CONTROLLER
DATE :	DATE :

M. STEWART