

JEFF HAAS



MAZDA

16711 KATY FRWY. HOUSTON, TX 77094 713-932-2040 fax 713-932-0827

CREDIT APPLICATION

DATE		COMPANY NAME		TYPE of BUSINESS : <input type="checkbox"/> DEALER <input type="checkbox"/> FLEET	
				<input type="checkbox"/> AUTO BODY <input type="checkbox"/> MECHANICAL	
ADDRESS					
CITY		STATE	ZIP	PHONE NUMBER	
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> 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 REFERENCE

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

CREDIT REFERENCES

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

TERMS : NET 30 DAYS, If granted credit, I agree to pay all bills, DUE BY THE 10th OF THE MONTH, following purchases.

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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE SALES TAX CERTIFICATE #	STATE
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OFFICE USE ONLY

NOTES :

APPROVED DECLINED ADDITIONAL INFORMATION REQUIRED

CREDIT MANAGER	CONTROLLER
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DATE :

DATE :

M. STEWART