

SPARTANBURG DODGE

APPLICATION FOR CREDIT

Toll Free # 800-849-3691 Direct # (864) 585-6866 Fax # (864) 580-2414

Company Name: _____ CREDIT LIMIT REQUESTED _____

Mailing/Street Address: _____

City: _____ State: _____ Zip Code: _____

A/P Contact & Phone #: _____

Company Phone: _____ Fax: _____

Type of Business: _____ Years in Business: _____

_____ Corporation _____ Partnership _____ Sole Ownership _____ LLC

Ownership

Name of Owner: _____ Phone#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Trade References for Parts Purchases

Company Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip Code: _____

Bank References:

Bank Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application.

Signature of Applicant

Printed Name & Title of Applicant

