Jim Hudson Buick, GMC, Cadillac, Inc.
PO Box 290400 • Columbia, SC 29229

APPLICATION FOR CREDIT

BY:

NAME OF FIRM OR INDIVIDUAL

ADDRESS — YEARS AT THIS ADDRESS

CITY — STATE — ZIP — AREA CODE — PHONE

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

CREDIT MANAGER

OUR NORMAL CREDIT TERMS

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

☐ Corporation ☐ Check here if incorporated in last 12 months ☐ Partnership ☐ Individual

	NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE
1.				
2.				
3.				
4.				

FINANCE:

BANK — BANK ADDRESS

BANK OFFICER OR DEPARTMENT — PHONE

REFERENCES:

	BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
1.				
2.				
3.				
4.				

☐ Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date _____ 20_____ (Title) _____

PLEASE DO NOT WRITE IN THE SPACE BELOW

VERIFICATION:

REFERENCES CHECKED BY — ☐ CREDIT APPROVED BY

REFERENCE RESULTS — ☐ CREDIT REFUSED BY

DATE