Master Buick GMC

APPLICATION FOR CREDIT

NAME:_____ SALES TAX NUMBER:_____

STREET ADDRESS:_____ MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

AREA CODE AND PHONE NUMBER:_____ YEARS AT THIS ADDRESS_____

__CORPORATION ___ INCORPORATED WITHIN THE PAST 12 MONTHS ___PARTNERSHIP ___ INDIVIDUAL

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

BANK: _____ ADDRESS:_____

BANK OFFICER OR DEPARTMENT:_____ PHONE:_____

ACCOUNT NUMBER:_____

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

APPLICANT CERTIFIES THAT THEINFORMATIO HEREIN IS CORRECT.

APPLICANT FULY UNDERSTANDS AND PROMISES TO PAY ACCORDING TO THE CREDIT TERMS OF PONTIAC MASTER/GMC TRUCKS INC.

APPLICANT AGREES TO PAY REASONABLE ATTORNEY AND/OR OTHER COLLECTION FEES AS PERMITTED BY STATE LAW WHERE ANY ACTION TO COLLECT IS BROUGHT.

NOTE: PLEASE CHECK IF PURCHASE ORDERED REQUIRED. _____
AMOUNT OF CREDIT REQUESTED $_____
NO CHARGES CAN BE MADE UNTIL CREDIT IS APPROVED.

DATE:_____ SIGNED:_____
TITLE: _____

_____ _____ _____
APPROVED BY AMOUNT APPROVED DATE