LONGLIFE SPRING, BRAKE & ALIGNMENT

Credit Application

Company Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Type Of Business: Proprietor. ____ Partner. ____ Corp. ____

Years in business under this name: _____. Corporate ID #: _____

Ownership Information:

(Please list proprietor, partners, or major stockholders of closely-held corporations.)

Name: _____ Phone: _____

Address: _____ S.S. #: _____

Name: _____ Phone: _____

Address: _____ S.S. #: _____

Name: _____ Phone: _____

Address: _____ S.S. #: _____

Credit References:

Company: _____

Address: _____ Phone: _____

Company: _____

Address: _____ Phone: _____

Bank :

Name _____ Account #: _____

Address: _____ Phone: _____

_____ _____

Signature of Owner or Officer Title Date