



Phil Long Ford of Motor City Application for Credit

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email : _____

Business Establishment Date : _____

Contractor's License # : _____ Federal ID # : _____

We are : Individual () Partnership () LLC () Corporation ()

Contractor () Subcontractor ()

NAME OF PRINCIPAL OWNERS OR STOCK HOLDERS

1. Name: _____ Address: _____

Home Phone: _____ Tax ID or SSN: _____

2. Name: _____ Address: _____

Home Phone : _____ Tax ID or SSN: _____

BANK REFERENCES

1. Name: _____

Address: _____

Phone: _____

Account # : _____ (chg ____ svg____ loan____)

2. Name: _____

Address: _____

Phone: _____

Account #: _____ (chg ____ svg____ loan____)

TRADE REFERENCES

1. Business Name: _____

Address: _____

Phone : _____

Email : _____

2. Business Name: _____

Address: _____

Phone : _____

Email : _____

3. Business Name: _____

Address: _____

Phone : _____

Email : _____

ADDITIONAL INFORMATION

Have you ever filed for bankruptcy? Y / N

Any Judgements or Leins? Y / N

Any Pending Court Suits? Y / N

If you have answered yes to any of these questions, please lists name and dates of the parties involved :

Are your accounts receivable assigned? Y / N

If yes, to whom? _____

Inventory assigned? Y / N

If yes, to whom? _____

Amount of credit needed: _____ Method of payment: _____

Does your business use purchase orders? Y / N

Please note that all charge accounts are set up on a NET 30 payment schedule, unless otherwise authorized by management

Accounts Payable Contact: _____ Phone: _____

Email: _____

PLEASE EMAIL COMPLETED FORM TO INFORMATION LISTED BELOW

Kelly Riegle

Accounts Receivable

Phil Long Ford of Motor City

1212 Motor City Drive

Colorado Springs, CO 80905

719-575-7108

knpierson@phillong.com

Terms and Conditions of Credit

I/We understand that the terms of same are as follows: We close on the 25th of each month and statements are mailed prior to the 1st. It is further understood that a service charge of 1% per month will be placed on all past due balances. It is further understood that if the account is placed in the hands of an attorney for collection, or if collections are made through a probate proceedings, I/we shall pay a reasonable amount in attorney fees and court costs.

The undersigned for consideration do hereby personally guarantee collectively and individually the full and immediate prompt payment of Phil Long Ford, LLC., of all indebtedness. Notice of extension of credit and any rights to demand Phil Long Ford, LLC., proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice to the credit manager of Phil Long Ford, LLC., PO Box 40, Colorado Springs, CO 80901. Any revocation does not revoke the obligation of the guarantors to provide prompt payment for indebtedness incurred prior to the revocation.

It is understood that all payments are to be made to Phil Long Ford, LLC., PO Box 40, Colorado Springs, CO 80901 and no credit will be given to the account until said payment is received at the address listed above.

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorized the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.

The undersigned does hereby agree to the terms and conditions of credit and does hereby guarantee all indebtedness. The undersigned does hereby state that the information in this application is true and correct, and can be relied upon by Phil Long Ford, LLC.

Signed: _____ Signed: _____

Date: _____ Date: _____

Witnessed/Accepted by: _____ Date: _____