APPLICATION FOR CREDIT



"The Collision Parts Specialists" 1-800-346-3460

Mid Michigan Body Parts, Inc. 2976 Larch Rd. Harrison, MI. 48625 Phone (989) 539-5471 Fax (989) 539-9111

| Firm Name | | | | Date _ | |
|---|-----------------------|-------------------------|------------|----------------|------------------------|
| City State Zip | Firm Name | | | | |
| City State Zip | Address | | | | |
| City State Zip | | | | | |
| Phone () | Mailing Address if di | fferent than shipping a | address | | |
| OWNERSHIP Corporation Check here if incorporated within the last 12 months. Partnership Individual Names of principal(s) Complete address Zip Phone FINANCE Names of bank Complete bank address Zip Phone REFERENCES | City | | State | Zip | |
| Corporation | Phone () | | Fax (| .) | |
| Corporation | | | WAIED CLUD | | |
| Names of principal(s) Complete address Zip Phone Phone FINANCE I. Names of bank Complete bank address REFERENCES REFERENCES | ☐ Corporation ☐ Che | | _ | 2 months. □ Pa | rtnership Individual |
| Names of principal(s) Complete address Zip Phone Phone FINANCE I. Names of bank Complete bank address REFERENCES REFERENCES | 1. | | | | |
| ## FINANCE 1. Names of bank Complete bank address Zip Phone 2. REFERENCES REFERENCES | Names of principal(s) | Complete address | | Zip | Phone |
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| FINANCE 1. Names of bank Complete bank address Zip Phone REFERENCES | 3 | | | | |
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| REFERENCES | | | FINANCE | | |
| REFERENCES | Names of bank | Complete bank address | | Zip | Phone |
| REFERENCES | | | | • | |
| 1 | | | | | |
| Business name Complete address Zip Phone | 1 | Complete address | | | Phone |

REFERENCES (cont.)

| 2 | |
|---|--|
| 3 | |
| Estimated line of credit requested \$ | · |
| ☐ Check here if purchase order required. Sales Tax Num | ıber |
| TERMS | |
| If credit is granted I understand that terms are <u>NET TENT</u> a monthly fee of 2% (24% per annum) for unpaid balances accounts will be put on a COD basis. Any expenses incurred Michigan Body Parts, Inc. will be passed onto the creditor. | After 45 days past due, delinquent ed in the collection of bad debt by Mid |
| I,, w | rill personally be responsible for payment |
| of any and all charges incurred by | through any of its |
| authorized employees acting as its agent. This includes an | y and all parts, supplies or services |
| incurred in the name of | through it's authorized |
| agents. | |
| I certify that all the above information is complete and accumy credit and employment history and to release informati | |
| If accepted I agree to pay a monthly finance charge for unpbalances are to be paid in full monthly. | paid balances, and I understand that |
| Authorized Signature: | |
| Position: | |
| Company: | |
| Date: | |
| For Office Use Only | |
| Date Credit | t line \$ |
| Approved Not Approved Authorized By | : |
| Revised: January 2012 | |