

Fax Completed Application

to: 419-471-2534

APPLICATION FOR CREDIT



www.shradertireandoil.com

(800) 589-6589 (419) 472-2128

Shrader Tire & Oil of Ohio
PO Box 5407
Toledo, OH 43613

Shrader Tire & Oil of Michigan
PO Box 13079
Toledo OH 43613

Shrader Tire & Oil of Indiana
PO Box 5864
Toledo OH 43613

Name of Business (Billing Address)

Name _____
Street _____
City, State, Zip _____

Phone # _____
Fax # _____
FED. I.D. # _____

Ship To Location (if different)

Name _____
Street _____
City, State, Zip _____

Form of Business (Check Applicable Box)

Proprietorship Partner
 Corporation Other

Length of Time in Business: _____

Owner's Name	Owner's S.S. #	Owner's Address(es)
1. _____	_____	_____
2. _____	_____	_____

BANK INFORMATION

Bank Name _____ Address _____ Phone # _____

TRADE REFERENCES

***PLEASE BE SURE TO INCLUDE FAX #'S**

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Vendor Name	Address	Phone #	Fax #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Are Purchase Orders Required to Charge Your Account? YES NO
 Is Cash OK Until Credit is Approved? YES NO
 Are You Tax Exempt? (If yes, please attach a signed tax exemption certificate.) YES NO
 Are You FET Exempt? YES NO

Terms: FOR OPEN ACCOUNTS, PAYMENT IS DUE ON THE 10th OF THE MONTH FOLLOWING THE MONTH OF SALE. IF NOT PAID BY THE END OF THE MONTH THAT PAYMENT IS DUE, THE BALANCE IS SUBJECT TO A 1.5% SERVICE CHARGE.

THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Shrader Tire & Oil to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

BY: _____ TITLE: _____ DATE: _____

OFFICE USE ONLY:

Salesman: _____ Customer Type: _____ Estimated Monthly Purchases: _____
 Retread customer? YES NO Pricing Matrix: YES NO Delivery Day(s): _____
 Fleet Sheet Mailing: TO: (Billing Address YES or NO) (Ship-to's YES or NO)
 Fleet Sheet Contact Name(s): _____