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CREDIT APPLICATION

The following is submitted for your consideration as a basis of extending credit.
 Please make sure all information is completed. Thank you.

BUSINESS NAME: _____

ADDRESS: _____

CITY:	STATE:	ZIP CODE:
WHEN WAS THE BUSINESS ESTABLISHED:	PHONE NUMBER:	FAX NUMBER:

OUR LEGAL ENTITY IS: (PLEASE CHECK ONE)

CORPORATION
 CO-PARTNERSHIP
 PROPRIETORSHIP

LIST OWNERS & TITLES (BELOW)

NAME	OWNERS ADDRESS	% OWNED

TAX PERMIT #	FED I.D. # 42-	SS#
ANNUAL SALES VOLUME \$	MONTHLY CREDIT NEEDED \$	

PLEASE LIST 5 BUSINESS REFERENCES IN WHICH YOU ARE CURRENTLY DOING BUSINESS

NAME	CONTACT	PHONE #
1.		
2.		
3.		
4.		
5.		

BANK REFERENCE

BANK	CONTACT	PHONE #
1.		

SIGNING THE AUTHORIZATION OF RELEASE BELOW IS GIVING WITHAM AUTO CENTERS THE PERMISSION TO CHECK ANY OR ALL INFORMATION STATED ABOVE TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH YOUR COMPANY.

NAME: _____ **TITLE:** _____

DATE: _____