



1515 S. MILITARY HWY.
CHESAPEAKE, VA 23320
(757) 424-1111
FAX (757) 282-0021

NEW ACCOUNT REPORT

Company Name _____
Street Address _____
City and State _____ Zip _____
Telephone No. _____ Sales Tax Exemption No. _____

Check this box if C.O.D. is requested.
Please complete the following if credit is requested.

CREDIT APPLICATION

Type of ownership: Corporation Partnership Individual
President or Principal Owner _____ How Long in this Business _____

Home Address _____
City and State _____
Home Phone _____

Will Purchase Orders Be Required Yes _____ No _____

Persons Authorized to make Purchases

Name _____ Position _____
Name _____ Position _____
Name _____ Position _____
Name _____ Position _____

Person to contact if payment is not received by 15th

Name _____ Position _____

Application for credit is hereby made. The applicant hereby authorizes Cavalier Ford to make inquiries of the credit references listed below. Any information obtained will be kept confidential and is to be used only for the purpose of estimating a line of credit for the applicant. Approval of this application for credit shall constitute a binding agreement, according to the terms set forth herein, between the applicant and Cavalier Ford as of the date approved.

Business References Where Credit is Now Extended

Name _____ Phone _____
Address _____ City & State _____
Name _____ Phone _____
Address _____ City & State _____
Name _____ Phone _____
Address _____ City & State _____
Bank _____ Loan Officer _____

If approved, accounts are due and payable by the 10th of each month. Accounts not paid by the 20th of each month are automatically C.O.D. The undersigned expressly agrees to be personally and individually liable for all charges made by or on behalf of the undersigned and/or the above described company. Such personal liability shall be in addition to any rights which Cavalier Ford might have against the above described company. The applicant company and the undersigned expressly agree to pay for all costs of collection, including reasonable attorney's fees; if the account herein applied for becomes past due. Any defense based upon extension of time for payment given by Cavalier Ford is hereby waived.

This is your authority to charge 1 1/2% per month (18% per annum) on all past due amounts.

Signature _____ Date _____
Signature _____ Date _____

FOR OFFICE USE ONLY

Approved Yes _____ No _____ How Long Applicant Known _____
Credit Limit _____ Reason for Denial _____
Date _____
Approved By _____
Salesman's Name _____