







FAX: (814) 893-6262

5079 Lincoln Highway P.O. Box 240 Stoystown, PA. 15563

## Stoystown, PA. 15563

	APPLICATION	N FOR CREDIT
R	eferred by:( <i>Our Sales Repr</i>	esentative or other)
Please comple	te <u>all</u> the information rec	quested, failure to do so will result in your
application being i	ejected. The Business/T	rade References sheet and PA tax exemption
form (if applica	able) must be completed	for us to process your request for credit.
Business Name		
Billing Address		
Shipping Address_		
Phone Number:		Fax Number:
Number of years in	Business:	<u></u>
Primary nature of ye	our Business:	
Fed EIN#	Owners Nar	ne:
Contact Person(s):	Parts Dept.:	
	E-Mail address:	
	Body Shop:	
	E-Mail address:	
	Accounting:	
	E-Mail address:	
ls a purchase order	required? ☐ Yes ☐	No
Sales Tax Exempt?	□ Yes □ No	
Sales Tax Exempt N	lumber	

If exempt from sales tax and your business resides in PA, please fill out the certificate attached. We are required by law to obtain this and keep on file.

## **APPLICATION FOR CREDIT**

## **BUSINESS/TRADE REFERENCES**

(Please do not use any banks, credit card companies, or personal references)

NAME		PHONE#		
ADDRESS	CITY	STATE	ZIP	
Contact Name	F	ax# or email		
2.)NAME		PHONE #		
			· <b>-</b> "	
ADDRESS	CITY	STATE	ZIP	
Contact Name	F	ax# or email		
3.)NAME				
NAME		PHONE #		
ADDRESS	CITY	STATE	ZIP	
Contact Name	F	Fax# or email		
I certify that the above inf	ormation is accurate	and complete and her	eby authorize the	
disclosure and release of	any credit related in	formation about my co	mpany to Stoystowr	
Auto Wreckers to obtain a	a credit account.			
Signature:		Date:		
Print Name:				

Return by mail or fax to 814-893-6262
Omission of Fax or Email will result in rejection of credit application