

TUCSON ALTERNATOR EXCHANGE INC.

1401 E 20th St. / Tucson, AZ. 85719

Phone: 520.622.7395

Fax: 520.884.5828

ar@tucsonalternator.com

Credit Application

Date: _____

Duns No. _____

Application Information

Company Name: _____ Phone: _____

Address: _____ Fax: _____

City _____ State _____ Zip _____

Billing Address: _____ Federal Tax ID: _____

State Sales Tax ID: _____

Accounts Payable Contact: _____ Accounts Payable Phone: _____ Business Type: _____

Number of Employees: _____ No. of years at this location: _____ Sales Volume: \$ _____

No. of years in business under this name: _____ No. of years at this location: _____ Credit Line Requested: \$ _____

Ownership

Name of Owner: _____ Phone: _____

Home Address: _____

Name of Owner: _____ Phone: _____

Home Address: _____

Name of Owner: _____ Phone: _____

Home Address: _____

Trade Reference

Company Name: _____ Phone: _____

Address: _____ Fax: _____

Company Name: _____ Phone: _____

Address: _____ Fax: _____

Company Name: _____ Phone: _____

Address: _____ Fax: _____

Bank Reference

Bank Name: _____ Phone: _____

Address: _____

Bank Name: _____ Phone: _____

Address: _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above companies to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from their credit survey.

Authorized Signature _____

Title: _____ Date: _____