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| --- | --- | --- | --- | --- | --- | --- |
| EDM PERFORMANCE ACCESSORIES CREDIT APPLICATION | | | | | | |
| The undersigned corporation/ individual is applying for credit with EDM **Performance Accessories** and understands and accepts the conditions of sale which are incorporated by reference herein: | | | | |
| Company name: Address: | | | | |
| Phone: Fax: | | | | |
| Federal tax ID or Social Security number: | | | E-mail Address of Contact: | |
| Do you prefer to pay by: Check [ ] by Credit Card [ ] by E-Mail [ ]  If by Credit Card, please list number and exp. Date:  Amount of credit requested $ | | | Type of Card:  E-Mail Address of Accounts Payable: | |
| Are you a: | | | | |
| [ ] CORPORATION [ ] PARTNERSHIP [ ] SOLE PROPRIETORSHIP [ ] OTHER | | | | |
|  | | | | |
| Authorized purchasers | | | | |
| Purchase order required? | | * Yes | | * No |
| REFERENCES: If you have a pre-filled out reference sheet, please attach a copy and sign below.  TRADE REFERENCES | | | | |
|  | Name Name | | | |
|  | Address Address | | | |
|  | Phone/ Fax Phone/ Fax | | | |
|  | Name Name | | | |
|  | Address Address | | | |
|  | Phone/ Fax Phone/ Fax | | | |
| BANK REFERENCES | | | | |
|  | Name of Bank Contact Person | | | |
|  | Phone Account # | | | |
|  | Any special billing requests or comments? | | | |
|  |  | | | |
| Authorized signature: | | | | |
| Printed name: | | | | |
| Date: | Title: | | | |
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