

COMMERCIAL CREDIT APPLICATION

McDaniels Acura-Porsche-Audi
6409 Two Notch Rd.
Columbia, SC 29223-7434
TEL. (803) 786 - 6400 FAX (803) 786 - 7863

DATE _____
COMPANY NAME _____ STREET ADDRESS _____ HOW LONG _____
CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____
TYPE OF BUSINESS _____ CORP. _____ LIMITED _____ INDIVIDUAL _____
NO. YEARS ESTABLISHED _____ LINE OF CREDIT DESIRED \$ _____ CORPORATION _____ PARTNERSHIP _____ PARTNERSHIP _____ PROPRIETOR _____
IF A BRANCH OFFICE OR A DIVISION, GIVE NAME OF PARENT COMPANY AND HOME OFFICE _____ FEDERAL I.D. NO. _____ SALES TAX NO. _____
WHERE SHOULD ACCOUNT PAYABLE STATEMENTS BE MAILED TO _____

PRINCIPAL OWNERS - STOCKHOLDERS - PARTNERS - OFFICERS OF COMPANY

NAME & SOCIAL SECURITY NO.	MAILING ADDRESS	CITY / STATE / ZIP	TITLE

LIST PERSONS AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES

1. _____ 3. _____
2. _____ 4. _____

WILL A PURCHASE ORDER OR REQUISITION BE ISSUED PRIOR TO PURCHASE? YES NO (PLEASE CIRCLE)

TRADE REFERENCES

NAME	ADDRESS	CITY / STATE / ZIP	TELEPHONE NO.

BANK REFERENCES

BANK NAME	CITY / STATE / ZIP	BANKING OFFICIAL

TERMS OF CREDIT

Payment is due upon receipt of statement. A late payment fee of 18% Annual Percentage Rate is assessed on the outstanding balance if payment is received after the 25th of the month.

FOR CREDIT DEPARTMENT USE ONLY

OFAC _____ APPROVED _____ REJECTED _____ CREDIT LIMIT \$ _____

By: _____ Remarks: _____

I/We realize and acknowledge that all of the above information is material to McDaniel's considering this application and I/we certify to McDaniels that all statements and information appearing on this application are true and correct. I/We understand that this application shall remain the property of McDaniels. I/We agree to be bound by all terms and conditions of your Truth in Lending Disclosure. If more than one person has agreed to these terms we will jointly and severally be liable. I/We, the undersigned, agree to all statements above and I/we authorize McDaniels to check credit and exchange credit experience on this account with other creditors and consumer reporting agencies.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____