

# COMMERCIAL CREDIT APPLICATION

McDaniels Acura /Audi of Charleston  
2283 Savannah Highway  
Charleston, SC 29414  
TEL. (843) 766 - 1299 FAX (843) 766 - 2937

DATE \_\_\_\_\_

COMPANY NAME _____	STREET ADDRESS _____	ZIP _____	PHONE NUMBER _____	HOW LONG _____
CITY _____	STATE _____	CODE _____	_____	_____
TYPE OF BUSINESS _____	CORPORATION _____	PARTNERSHIP _____	LIMITED PARTNERSHIP _____	INDIVIDUAL PROPRIETOR _____
NO. YEARS ESTABLISHED _____	LINE OF CREDIT DESIRED \$ _____	FEDERAL I.D. NO. _____	SALES TAX NO. _____	_____
IF A BRANCH OFFICE OR A DIVISION, GIVE NAME OF PARENT COMPANY AND HOME OFFICE _____	_____	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. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 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

FOAC \_\_\_\_\_ APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_

By: \_\_\_\_\_ Remarks: \_\_\_\_\_

I/We realize and acknowledge that all of the above information is material McDaniels Acura/Audi of Charleston'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 \_\_\_\_\_