



EMERGENCY FLEET SERVICE

14138 East Eleven Mile Rd. * Warren, Michigan 48089

APPLICATION FOR CREDIT

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ No. of years in business _____

The following information must be completed in full, and will be held in confidence.

OWNERSHIP

_____ Corporation _____ Partnership _____ Individual

_____ Check here if incorporated in the last 12 months

_____ Name(s) of Principal _____ Telephone _____

FINANCE

_____ Bank Name

_____ Bank Name _____ City, State, Zip

REFERENCES

1. _____ Name _____ Phone # / Fax # _____

2. _____ Name _____ Phone # / Fax # _____

3. _____ Name _____ Phone # / Fax # _____

We certify that all information on this form is correct, and that we fully understand your credit terms of net 30 days, and agree to the proper payment in consideration of your extended credit.

_____ Signature _____ Date _____

_____ Title