



CUSTOM MOTORS INC

Credit Application

Today's Date: _____

Business Name: _____ Federal Tax ID #: _____

D/B/A Name: _____ D&B #: _____

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

Officer Name: _____ Title: _____

How long in Business: _____ Credit \$ Requested: _____

Check one: Sole Proprietorship Partnership Corporation

Type of Business: _____

Accts. Payable Contact Name: _____ Title: _____

A/P E-mail address: _____ Co. Website: _____

Are your purchases exempt from Sales Tax? Yes No (If yes, please send us a completed state tax exempt form)

Does your company require a PO number? Yes No

Bank and Credit Information

Bank Name: _____ Account #: _____

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

Trade References

Company Name: _____ Contact: _____

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

Company Name: _____ Contact: _____

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

Company Name: _____ Contact: _____

Address: _____

City, State, Zip: _____ Telephone: _____ FAX: _____

Authorization to Release Information and Agreement to Terms

To Whom It May Concern:

I/We hereby authorize our bank to release all pertinent credit information necessary to process our application for credit to: Custom Motors, Inc.. By signing and submitting to this credit application, I/We certify that the information provided is true and correct and is complete to the best of my/our knowledge. I/We acknowledge that I/we have read and understand the terms and conditions of Custom Motors, Inc. and agree to adhere to these credit terms and policies unless otherwise agreed to in writing by both parties.

Company Name: _____

Authorized Signature: _____ Title: _____ Date: _____

Please Mail or FAX completed form to:

Custom Motors Inc. • PO Box 632 • Mountain Lake, MN 56159 • Fax: 507-427-2256