



14008 Willard Road
Chantilly, VA 20151
(703) 263-2474

11707 Pump Station Way
Manassas, VA 20109
(703) 365-9072

Please fax completed applications to: (703) 263-2471

Credit Application for a Business Account

Business Contact Information			
Business Name:			
Legal Name:			
Phone:	Fax:	Email:	
Primary business address:			
City:	State:	ZIP Code:	
Tax ID #:	Type of business:	Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/>
Date business commenced:	Other: <input type="checkbox"/> _____	State of Incorporation:	
Duns #:	Website Address:		
Bank Information			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account number:	
Bank contact:	Title:	Email:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account number:	
Bank contact:	Title:	Email:	

Partner / Officer's Information

Officer Name:

Title:

Home Address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Email:

Officer Name:

Title:

Home Address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Email:

Officer Name:

Title:

Home Address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Email:

Business/trade references

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

How long doing business:

High credit: \$

Business/trade references - Continued

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

How long doing business:

High credit: \$

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

How long doing business:

High credit: \$

Accounts Payable Information

Contact Name for
Payment:

Title:

Address:

City:

State:

ZIP Code:

Phone:

Ext:

Fax:

E-mail:

Do you require PO's
for purchase?

Yes

No

Special Instructions:

Agreement

Please Initial: _____

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Finance charges of 1.5% per month (18% APR) will be imposed at the end of each month on any balance owed over 30 days.
3. Any balance referred to a collection agency or attorney, will have a 25% fee of said amount added to the balance.
4. Claims arising from invoices must be made within seven working days.
5. By submitting this application, you authorize G & C Tire and Auto Service to make inquiries into the banking and business/trade references that you have supplied.
6. All charges made on account are subject to continued credit approval by G & C Tire and Auto Service.
7. In consideration of credit being extended to the above business, I/We, the undersigned, do hereby jointly and individually guarantee payment of any outstanding amount(s) due from the aforesaid business concern pursuant to the above Credit Application and Agreement. If such amounts are not paid, the undersigned shall forthwith pay the same. I/We, the undersigned, hereby waive notice of the acceptance of this Guaranty, notice of nonpayment of the account to the undersigned or to any other person or entity with respect to any of the indebtedness, and demand for payment under this Guaranty. I/We, the undersigned, further agree that my/our liability hereunder shall in no way be affected by the granting of indulgences or compromises in connection with the Credit Application and Agreement or by the release, in whole or in part, of any guarantor or surety. This Guaranty shall remain in force until revoked by the undersigned in writing but such revocation shall be effective only to claims that arise out of transactions entered into after receipt of said notice.

Signatures

In consideration of credit being extended to the above business, the undersigned agrees to pay all bills according to the above terms. I/We hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed:

Signed:

Printed Name:

Printed Name:

Title:

Title:

Date:

Date: