

**BRONCO AUTO & TRUCK SALVAGE
BUSINESS ACCOUNT CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Credit Card Type and Number (please send copy)			
Expiration Date (mm/yyyy)			
3 Digit Security Code			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 15 days from the date of the Monthly Statement/Invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Bronco Auto & Truck Salvage to make inquiries into the banking and business/trade references that you have supplied.
4. All balances 45 days past due will incur 11.25% interest and will be charged to credit card on file.

SIGNATURES

_____		_____	
Name	Date:	Name	Date:
Title:		Title:	