

DARCARS[®]

AUTOMOTIVE GROUP



CREDIT APPLICATION / CONTACT INFORMATION

DARCARS Dealership Name: _____

Email Address: _____

Contact: _____ Phone: _____

Company Name: _____

Name: _____ Email: _____

State Tax Exemption Number: _____

Is this a DBA? (circle one) **YES / NO** If so, Legal Name: _____

Address: _____

Phone: _____ Fax: _____

Federal Tax ID: _____ State Tax ID: _____

Type of Business: (check one) Corporation LLC Partnership

A/P Contact Name: _____

A/P Phone/Email: _____

A/P Fax Number: _____

Are Purchase Orders Required? (circle one) **YES / NO** If, yes, indicate authorized issuers below

1: _____

2: _____

Bank Reference: _____

Contact Name: _____ Phone: _____

CREDIT REFERENCES

Trade Name	Contact	Phone #	Balance Owed
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____

Type of Business or Trade: _____

Requested Credit Limit: \$ _____ Estimated Monthly Purchases: \$ _____

Signature: _____ Date: _____

Print: _____

Note: As an applicant you authorize DARCARS and their agents to contact the banking and trade references you have provided to determine if credit should be extended to you or your firm. Completion of this application is not a guarantee of approval or credit being extended. Terms, if granted are NET15 from statement date, and can be canceled at any time, for any reason, including, but not limited to slow, late, or incomplete payment of any outstanding balance.