## **BUSINESS CREDIT APPLICATION**

**Eastern Automotive, Inc.**PO Box 538
1551 Lee's Union Church Road
Four Oaks, NC 27524

For fast credit approval Please fax this form to 919 934-5979

Company Name	Type of Business		Phone Number			Fax Number
Billing Address			Shipping Address			
City	State	Zip	City	Sta	ate	Zip
Type of Ownership:	☐ Corporation	☐ Partnership	☐ Sole proprie	prietor Years in business:		
	Government	☐ Non-Profit	(If			Exempt? Yes No ax exemption form)
Parent company names (I	f different than abo	ove):				
Address						Fax Number
City		State	Zip			
		Bank Ro	eferences			
Name Phone N Contact Person at Bank:						Fax Number
2. Name Phone I Contact Person at Bank:			Number			Fax Number
Contact Parson at Built	·	Open Accour	nts References			
1. Name		Phone 1	Number			Fax Number
Address		City		State	Zip	
2. Name		Number			Fax Number	
Address		City		State	Zip	
3. Name	Phone Number					Fax Number
Address		City		State	Zip	
AUTHORIZED SIGNATURE:			I	DATE:		
PRINT NAME:				TITLE:		
Inter Office Use Only	DATE	B://_	 	- , ! !		
CREDIT LIMIT:	Appro	oved by:		: 		