

# Cousineau Auto, Inc.

2225 W. Nordale Dr. Appleton, WI 54914

Phone: 920.734.3700 ext 313 Fax: 920.734.3570

**CONFIDENTIAL BUSINESS CREDIT APPLICATION**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Shipping Address  
if different: \_\_\_\_\_  
\_\_\_\_\_

**Type of Business:**

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation (State and Date of Incorporation) \_\_\_\_\_  
Parent Company: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Date Business Started: \_\_\_\_\_  
How long at present location: \_\_\_\_\_

Email address: \_\_\_\_\_

**Principals, Owners, Officers**

Name/Title

\_\_\_\_\_  
Name/Title

Type of Business: \_\_\_\_\_

Sales Tax Status: \_\_\_\_\_ Tax Exempt Permit No. \_\_\_\_\_

Please attach a copy of your exemption certificate with this application.

Bank Reference: (Type of Account) \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loans

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_

Trade Credit References (Do not list any vendors you are C.O.D. with)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount of Credit Assigned upon Approval: 500.00 (Amount readjusted per payment history)

This is our authorization to Cousineau Auto Parts Inc to contact the references provided. We believe our company is financially able to meet any commitments we have made, and we intend to pay promptly in accordance with the payment terms granted. Should those terms now or at any future date include a service charge for late payment or collection and attorney's fees, we agree to pay such charges in the event of legal action.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(For office use only)

Approval Signature: \_\_\_\_\_