ALAMO
TURBOCHARGER SERVICES INC.

CREDIT APPLICATION

FULL COMPANY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

PHONE #: ( ) _____ **FAX #:** ( ) _____

CONTACT NAME AND EMAIL: _____

ASKING CREDIT LIMIT: _____

TYPE OF BUSINESS: _____

HOW LONG IN BUSINESS?: _____

DO YOU USE P.O. NUMBERS?: _____

OWNER'S INFORMATION

NAME : _____
ADDRESS: _____
_____
_____
_____

BANK INFORMATION

NAME: _____
ADDRESS: _____
_____
_____
PHONE #: _____

CREDIT REFERENCES ***(PLEASE COMPLETE FULLY)***

COMPANY NAME	ADDRESS	PHONE #
1.		
2.		
3.		

I/We agree that payment of our account is due in full 30 days FROM THE INVOICE DATE.

I/We the undersigned, certify that the above information is true and correct, and agree that the usual credit inquiries may be made at anytime regarding the credit applied for. I/We consent to the disclosure of any information concerning the firm represented by the undersigned to any person, firm, or credit reporting agency with whom the firm represented by the undersigned has or may have financial relations.

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

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