



### CREDIT ACCOUNT APPLICATION FOR BUSINESSES

#### CONTACT INFORMATION

Company Name:					
AP Contact:		Phone:		Email:	
Fleet Contact:		Phone:		Email:	
Main Phone:		Fax:		Email:	
Registered company address:					
Please mark business classification below:		City:		State:	
				ZIP Code:	
Sole proprietorship:	Partnership:	Corporation:	LLC:	Other:	Date business commenced:

#### BUSINESS AND CREDIT INFORMATION

Primary business address:			<i>Circle here if same as above</i>		
City:		State:		ZIP Code:	
Telephone:		Fax:		E-mail:	
Requested Credit Amount:			Number of Vehicles in Fleet:		
Bank name:					
Select account type:		Account number:			
Savings					
Checking					
Other					

#### REFERENCES

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

#### PLEASE INDICATE

<input type="checkbox"/> Sales exceeding \$_____ require <input type="checkbox"/> pre-approval <input type="checkbox"/> PO number <input type="checkbox"/> Unit / Vehicle Number					
<input type="checkbox"/> For sales that require pre-approval, please provide individuals authorized to approve repairs:					
Name(s):			Phone(s):		
<input type="checkbox"/> Acknowledgement: for sales that require a purchase order number, approval contact must provide PO number to the shop when calling for authorization.					
Please indicate how payment will be received (select one option) <input type="checkbox"/> by each invoice <input type="checkbox"/> monthly statement requested					

#### AGREEMENT

1. IRS Form W-9 must accompany all submitted applications.
2. All invoices are to be paid 15 days from the date of the Statement. You may receive multiple statements and we require that you pay off of Statement, not as lump sum.
3. Claims arising from invoices must be made within seven business days.
4. By submitting this application, you authorize Leeds West Groups, LLC. and their subsidiaries to make inquiries into the banking and business/trade references that you have supplied. Leeds West Groups, LLC. has consent to modify credit limits and/or terms at any time.

Printed Name:		Signature:	
Title:		Date:	
Phone:			

Leeds West Groups 7450 E Progress Place, Greenwood Village, CO 80111 Office: 303-980-8748 [www.leedswestgroups.com](http://www.leedswestgroups.com)

FOR OFFICE USE ONLY: Approval \_\_\_\_\_ Credit Limit \_\_\_\_\_ Assigned Customer Number \_\_\_\_\_