

CORPORATE LUBE, INC.

**1911 W. Chapman Ave
Fullerton, CA 92833
714-680-4872 FAX 714-680-4898**

CREDIT APPLICATION

BUSINESS NAME (INDICATE DBA, IF ANY)

PHONE #: _____

FAX #: _____

DUNS #: _____

FEDERAL TAX ID #: _____

ADDRESS:

CORPORATION
 SOLE PROPRIETOR
 PARTNERSHIP

REFERENCES:

BANK: _____ **ACCT #:** _____

CONTACT PERSON: _____ **PHONE #:** _____

CO. NAME: _____ **PHONE #:** _____ **FAX #:** _____

CO. NAME: _____ **PHONE #:** _____ **FAX #:** _____

CO. NAME: _____ **PHONE #:** _____ **FAX #:** _____

AUTHORIZATION FOR CREDIT CHECK & CREDIT TERMS:

The undersigned authorizes CORPORATE LUBE, INC. to make a complete credit investigation including references, credit associations and public agencies regarding credit. The undersigned releases CORPORATE LUBE, INC. for any liability of damages that may be incurred as a result of such an inquiry or the furnishing of such information. The undersigned warrants that the information herein is true and acknowledges that credit may be extended under the terms stated below in this agreement.

The undersigned authorized agent of the application agrees that payment terms for services provided are 14 days from date of invoice for parts, labor, or service invoices. Applicant agrees to reimburse CORPORATE LUBE, INC. for any reasonable legal or collection costs incurred in enforcing these payment terms.

PRINT NAME

SIGNATURE

TITLE

DATE