

LOWE & MOYER

Garage Inc.



731 Church Street
Fogelsville, Pa. 18051
877-395-2072 610-395-2072 Fax 610-395-4558
www.mainoffice@loweandmoyer.com

* * * APPLICATION FOR OPEN CREDIT ACCOUNT * * *

Date: _____

(Please type or print)

EIN# _____

Name in Full (Correct Trade Name)

Business Address Street and Number City St. Zip Code Business Phone #

This account will be used for: (Circle One)

Service Only

Parts Only

Service & Parts

Amount of Credit Desired:

Bank References:

Bank & Branch Acct. Number Address Zip Phone & Bank Officer

1. _____

2. _____

Four Trade References

Name Address Zip Phone and Fax

1. _____

2. _____

3. _____

4. _____

Please Note If you are exempted from paying the PA sales tax, an exemption certificate must be submitted with this credit application.

(WE) I hereby authorize you to check the information concerning my (our) credit information and further authorize said credit references to release same to you. (WE) I certify that the answers and representations reported are true, full and complete. (WE) I understand that all parts and service work is guaranteed and if there is any question in the connection, I will resolve it with your Service Manager and not let it interfere with prompt payment of my (our) account.

Date: _____

Signature: _____

Title: _____