



Credit Application

PO Box 480
480 New Bethel Road
Carnesville, GA 30521
Phone (706) 567-6000 Fax (706) 384-4644

www.weaverparts.com

Office Use Only

Date: _____
Approved Initial: _____
Denied Initial: _____
Credit Limit: _____

Business information

Company Name _____
Contact Name _____ Title _____
Billing Address _____ City _____ St _____ Zip _____
Delivery Address _____ City _____ St _____ Zip _____
Phone _____ Fax _____ Email _____
Number of Years in Business _____ Number of Employees _____
Mortgage Holder/Landlord _____ Phone _____
Address _____ City _____ St _____ Zip _____
Special Billing Requirements _____ Credit Limit Requested _____
D and B number _____ Sales Tax Exempt Number _____
Federal I.D. Number _____

Business Type (check one)

Corporation	Sole Proprietorship	Partnership	LLC
Corporation in state of _____	Years of Incorporation _____		
President _____	Vice President _____		
Treasurer _____	Accounts Payable _____		
Owner/Partner _____	Owner/Partner _____		
Address _____	Address _____		
City/State/Zip _____	City/State/Zip _____		
Home Phone _____	Home Phone _____		
Social Security # _____	Social Security # _____		

Banking Information

Bank _____ Branch Address _____
Account Number _____ Officer's name _____
Phone _____ Fax _____

Trade References

1. Company Name _____	2. Company Name _____
Contact Name _____	Contact Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
3. Company Name _____	4. Company Name _____
Contact Name _____	Contact Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

Terms & Personal Guarantee

In consideration for the extension of an open line of credit from Weaver Automotive, Inc., the undersigned, and all principals, agree to be personally responsible for payment. We understand that payment is required ten (10) days after billing, and any account to extend to a 60-day overdue status will automatically stop the open account line of credit. We also agree to present a full statement within seven (7) days after a request by Weaver Automotive, Inc., that we do so, and we consent for Weaver Automotive, Inc., to check with our references, whether or not named herein, to confirm credit. We understand that our signature constitutes a personal guarantee of all amounts owed by the firm.

Name of Person Signing (please print) _____
Owner/Officer Signature _____ Date _____