



**HENISE TIRE SERVICE, INC.**  
**P.O. BOX 2031**  
**LEBANON, PA 17042-1322**  
 Phone: 717-272-2051  
 Fax: 717-272-4687

# CREDIT APPLICATION

NEW  CHANGE

558 EAST PENN AVE.  
 CLEONA, PA 17042  
 Phone: 717-272-2051  
 Fax: 717-272-4687

340 S. RICHLAND AVE.  
 YORK, PA 17404  
 Phone: 717-845-4734  
 Fax: 717-845-9328

3161 STATE RD. Unit I-1  
 BENSALEM, PA 19020  
 Phone: 215-633-9888  
 Fax: 215-633-9898

5480 OAK VIEW DR.  
 ALLENTOWN, PA 18104  
 Phone: 484-664-2060  
 Fax: 484-664-2063

**FULL COMPANY NAME :** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **ACCT #** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_ **CITY :** \_\_\_\_\_ **STATE :** \_\_\_\_\_ **ZIP :** \_\_\_\_\_

**PHONE :** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BUSINESS TYPE:**

- SOLE PROPRIETORSHIP Federal ID No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
- PARTNERSHIP State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_
- LIMITED PARTNERSHIP Type of Business: \_\_\_\_\_
- LLC In Business Since: \_\_\_\_\_ Do you own or rent building? \_\_\_\_\_
- CORPORATION
- GOVERNMENT

**Name of Principals:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 \_\_\_\_\_ **Title:** \_\_\_\_\_

**Chief Financial Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**BANK REFERENCE**

**BANK NAME:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
 \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**BANK ACCOUNT NUMBERS: CHECKING:** \_\_\_\_\_ **SAVINGS:** \_\_\_\_\_ **REC'D** \_\_\_\_\_

*The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Customer agrees to pay for all goods and services received in accordance with the conditions and terms of payment appearing on Henise Tire Service, Inc.'s invoices. Customer further agrees to pay all collection fees, attorney fees, and related court costs associated with efforts to collect Past-Due accounts. Past-Due balances are subject to interest charges of 1½ % per month but not to exceed the maximum allowed by law.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**BUSINESS REFERENCES**

COMPANY NAME: CONTACT: PHONE: REC'D \_\_\_\_\_  
FAX: ADDRESS: CITY: STATE: ZIP CODE:

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FAX: ADDRESS: CITY: STATE: ZIP CODE:

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FAX: ADDRESS: CITY: STATE: ZIP CODE:

COMPANY NAME: CONTACT: PHONE: REC'D \_\_\_\_\_  
FAX: ADDRESS: CITY: STATE: ZIP CODE:

**TYPE OF ACCOUNT REQUESTED:**  
 C.O.D. Account  
 Credit Account / Limit Requested: \_\_\_\_\_

**BILLING INSTRUCTIONS**

BILLING ADDRESS TO WHICH STATEMENTS SHOULD BE SENT (IF DIFFERENT FROM PAGE 1)  
ADDRESS : \_\_\_\_\_ CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

Are you Sales Tax Exempt ?  YES  NO  
*(Must be accompanied by PA, NJ, or MD Tax Exempt Form)*

Do you want us to collect & submit your Tire Tax?  YES  NO

Does Your Company Issue and Request Purchase Order Numbers  
To Be Referenced On Invoices And Packing Slips ?  YES  NO

SPECIAL BILLING INSTRUCTIONS:

\_\_\_\_\_

***Would you prefer to receive occasional announcements and specials  
by mail, fax, or email (check one)***

MAIL  FAX  EMAIL, please list your email address: \_\_\_\_\_

Website Password (5 characters or less): \_\_\_\_\_

**FOR OFFICE USE ONLY:** SALESMAN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CUST.TYPE: \_\_\_\_\_

COMPANY CONTACTS: OFFICE: \_\_\_\_\_ SHOP: \_\_\_\_\_

NEAREST CURRENT CUSTOMERS: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_ P.S. \_\_\_\_\_

RECEIVED AT OFFICE	REFERENCES SENT	CUSTOMER FILE	DISPOSITION	CREDIT LIMIT	LETTER SENT