



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
 BENSLEM, 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
- CORPORATION In Business Since: _____ Do you own or rent building? _____
- 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 _____
ADDRESS:	CITY:	FAX:	STATE: ZIP CODE:
COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
ADDRESS:	CITY:	FAX:	STATE: ZIP CODE:
COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
ADDRESS:	CITY:	FAX:	STATE: ZIP CODE:
COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
ADDRESS:	CITY:	FAX:	STATE: ZIP CODE:

TYPE OF ACCOUNT REQUESTED:
<input type="checkbox"/> C.O.D. Account
<input type="checkbox"/> 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:

If you would you would like to receive occasional announcements and specials by email,

Please list your email address: _____

Wholesale Dealers, if you would like access to our online ordering system,

Please provide us with a preferred password (6 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