



**HENISE TIRE SERVICE, INC.**  
 P.O. BOX 2031  
 LEBANON, PA 17042-2031  
 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    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:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **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:

  

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

  

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

<b>TYPE OF ACCOUNT REQUESTED:</b>
<input type="checkbox"/> C.O.D. Account
<input type="checkbox"/> Credit Account / Limit Requested: _____

**BILLING INSTRUCTIONS :**

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:**

***BILLING ADDRESS TO WHICH STATEMENTS SHOULD BE SENT (IF DIFFERENT FROM PAGE 1)***

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

***Email address for announcements and specials : \_\_\_\_\_***

***Wholesale Dealers: if you would like access to our online ordering system,***  
***Please provide us with a preferred password \_\_\_\_\_***

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

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

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

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

ONLINE ORDERING SETUP INSTRUCTIONS : PM DELIVERY \_\_\_\_ RAPID FIRE \_\_\_\_ MEDIUM TRUCK \_\_\_\_

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