



Dealer Credit Application

COMPANY DETAILS

Registered Business Name _____

Company Name /Trading As _____

TAX ID NUMBER: _____

Type of Entity: Sole Proprietor Partnership Corporation LLC Other (type) _____

Delivery Address:

Postal Address:

Director(s) / Owner(s):

A. Name: _____ Driver License number _____ State _____

Address: _____ State _____ Zip _____ Phone _____

B. Name: _____ Driver License number _____ State _____

Address: _____ State _____ Zip _____ Phone _____

Sales Contact:

Name: _____

Phone: () _____ Facsimile: () _____ Email: _____

Please state nature of industry/business _____

Credit Required/amount of monthly credit required _____

Name of Bank where Applicant's business account held _____ City & State _____

Please state product range you are interested in purchasing:



Trade References:

Business Name: _____

Contact Name: _____

Phone: () _____ Email: _____

Business Name: _____

Contact Name: _____

Phone: () _____ Email: _____

Business Name: _____

Contact Name: _____

Phone: () _____ Email: _____

Business Name: _____

Contact Name: _____

Phone: () _____ Email: _____

Payment means•

Check

Credit Card

ACH

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed: _____ Date: _____

Printed: _____

I certify that I am authorized to sign this application for and on behalf of all directors/ partners owners of the

Applicant in my capacity as _____ (Position Held).

TACTIC ENTERPRISE LLC
90 Market St
Georgetown, TX 78626