

SONNY'S Credit Application

ACCOUNT# _____

5605 Hiatus Road • Tamarac, Florida 33321 • TEL: 1-800-327-8723 or (954) 720-4100 • FAX: 1-800-495-4049 or (954) 724-4288

BILL TO:

Company Name _____ Phone: _____ Fax: _____
Address: _____
Street # _____ City _____ State _____ Zip _____ County _____
Principal Owner Name: _____ Social Security #: _____
Address: _____ Email Address: _____
A/P Manager: _____ Phone: _____ Fax: _____
Purchasing Manager: _____ Phone: _____ Fax: _____

AMOUNT OF CREDIT REQUESTED \$ _____ NOTE: Select items are prepayment only and are not eligible for extended credit

TAX EXEMPT?

NO YES Tax Exempt # _____
(Must Submit Copy Of The Re-sale Certificate)

SHIP TO (if different than bill to) Residential: YES NO

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Business Phone: _____
Email Address: _____

PRIMARY BUSINESS TYPE

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Car Dealer | <input type="checkbox"/> Rollover/Automatic |
| <input type="checkbox"/> Detailer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Touchless/Automatic |
| <input type="checkbox"/> Exterior Only | <input type="checkbox"/> Flex Service | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Full Service | <input type="checkbox"/> Self Service | <input type="checkbox"/> Hand Wash |
| <input type="checkbox"/> Oil Change/Lube | <input type="checkbox"/> Car Rental | |
| <input type="checkbox"/> Other Business: _____ | | |
| <input type="checkbox"/> Year Established: _____ | | |

FORM OF BUSINESS Sole Proprietorship Partnership Corporation Other
Year Established _____ Fed. Taxpayer ID# _____

TRADE REFERENCES

Name: _____ **1**
Address: _____
City: _____ State: _____ Zip: _____
Phone No. _____ Fax No. _____
Account No.: _____

Name: _____ **3**
Address: _____
City: _____ State: _____ Zip: _____
Phone No. _____ Fax No. _____
Account No.: _____

Name: _____ **2**
Address: _____
City: _____ State: _____ Zip: _____
Phone No. _____ Fax No. _____
Account No.: _____

BANK REFERENCE

Bank Name: _____
Officer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Bank Phone: _____
Check Account No.: _____

ALL ACCOUNTS APPLYING FOR CREDIT **MUST** COMPLETE THIS SECTION

CREDIT CARD INFORMATION

Visa ___ Mastercard ___ Discover ___ AMEX ___ Credit Card # _____ Exp. Date: _____

Name That Appears On Card: _____ Signature: _____

Credit Card Billing Address: _____

CREDIT TERMS AND POLICY

- Charges to the customer's account will only be accepted if all the following conditions exist:
a. The customer's account is in good standing **b.** The amount of the purchase does not exceed the customer's credit line **c.** Valid credit card on file.
- Terms: All invoices are payable ten (10) days net from the date of invoice. Invoices not paid within thirty (30) days from the date of invoice are considered past due and the account is not in good standing. Invoices not paid within thirty (30) days of invoice date will be assessed a 1½ % service charge on the unpaid balance (annual percentage rate 18%). Accounts over (60) days past-due will be charged to credit card on file. There will be a \$35.00 service charge on all returned checks.
- All debts deemed uncollectible by our Credit Department will be turned over to a collection agency and the customer will be responsible for all charges incurred.

We accept the terms shown above, and authorize SONNY'S to obtain information from the references listed.

Signature _____ Title _____ Date _____