

709 West 1st Street
P.O. Box 219
Phone: 800-722-0008
Rushville, IN 46173

Email: davistowing@frontier.com
Phone: 765-932-3884
Fax: 765-932-3673

Web: davistowingandrecovery.com



Credit Application

Name of Company _____
Type of Business _____ Established Date _____ # of Employees _____
Accounts Payable Contact _____ Sales Tax # _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Website _____ Email Address _____

OWNERS AND/OR OFFICERS

Name _____ Title _____ Phone _____
Address _____ City _____ State _____ Zip _____
Name _____ Title _____ Phone _____
Address _____ City _____ State _____ Zip _____
Name _____ Title _____ Phone _____
Address _____ City _____ State _____ Zip _____

CREDIT REFERENCES

Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Bank name: _____ Bank address: _____
City: _____ State _____ Zip Code _____
Type of account _____ Account number _____
Savings _____ Checking _____ Other _____

Please fill out this bottom portion completely

TERMS OF PAYMENT: Unless otherwise agreed to in writing, applicant agrees to pay the amount due and owing thirty days from the date invoiced in the event payment is not made in accordance with the foregoing. We agree to a service charge of 1 ½% monthly (Annual 18% Interest Rate) on past due accounts.

Dated this _____ Day of _____, _____
Month Year

Signed _____ Title _____

******GUARANTEE****** The undersigned, in consideration of the applicant herein receiving credit from Davis Towing & Recovery, do hereby unconditionally, jointly, and severally guarantee payment of any and all bills or obligations incurred for services performed by Davis Towing & Recovery, for applicant and agree to promptly pay any and all such bills that are not paid by applicant when due.

By submitting this application, you authorize Davis Towing & Recovery, Inc to make inquiries into the banking and business/trade references that you have supplied.

Dated this _____ Day of _____, _____
Month Year

Name _____ Address _____

Signature _____

Name _____ Address _____

Signature _____