



925 South State St.
 Clarks Summit, PA 18411
 (570)586-3078, Fax (570)587-3989

APPLICATION FOR CREDIT

_____ Individual / Partnership / Corporation
 Complete Business Name

_____ Business Address Street & Number City State Zip Code

_____ Telephone Number Fax Number Sales Use and Tax # or Federal #

_____ Number Of Years In Business How Long At Present Address Office Bldg or Residence

_____ Business Hours Monday Through Friday Saturday and Sunday

IF INDIVIDUAL, PLEASE COMPLETE BELOW

_____ Principal Owner Social Security Number Home Phone Number

_____ Home Address Street & Number City State Zip Code

IF PARTNERSHIP, LIST PARTNERS, IF CORPORATION, LIST OFFICERS

1. _____
 Name Home Address Home Telephone Number Social Security Number Title

2. _____
 Name Home Address Home Telephone Number Social Security Number Title

3. _____
 Name Home Address Home Telephone Number Social Security Number Title

TRADE REFERENCES

1. _____
 Name Address Telephone Number Fax Number

2. _____
 Name Address Telephone Number Fax Number

3. _____
 Name Address Telephone Number Fax Number

We certify that all the information on this application is accurate and authorize Kost Tire & Muffler to investigate our credit Worthiness and credit history. We fully understand that your credit terms are NET 30 DAYS, and that a finance charge computed using periodic rate of 1.5% which is an ANNUAL PERCENTAGE RATE OF 18% (with a minimum charge of \$.50), will be applied to all balances exceeding 30 days. We agree to proper payment on consideration of extended credit, and we agree to pay any collection costs, including reasonable attorney fees.

Date: _____ Signature _____ Title _____