APPLICATION FOR CREDIT

Name of firm or individual

Address _____ No. of years at this address

City, State, Zip Code _____ Telephone

Hereby apply for credit in accordance with the terms of:

LISCHKGE MOTORS, INC.
P.O. BOX 210
AURORA, IN 47001
Phone# (812) 926-1805 or (513) 621-3436
Fax# (812) 926-4352 **Credit Terms: Net 10th**

The following information must be completed in full: and will be held in the strictest confidence.

OWNERNSHIP:

___ Corporation ___ Partnership ___ Individual

Name(s) of Principal(s) Address Phone

Bank Bank Address Phone

Bank Officer

REFERENCES:

Business Name Address Phone

We certify that all the information on this form is correct; and that we agree to pay finance charges of a 21% rate of interest and also any reasonable attorney fees should we not repay any money due and owing to Lischkge Motors, Inc.

Date (Signed) _____

(Title) _____

Please do not write in the space below

References checked by ☐ Credit approved by

Reference results ☐ Credit refused by

Date