



DEALER CREDIT INFORMATION

Company Name: _____ Date: _____

Business Telephone: __ (____) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Fax Telephone: __ (____) _____

Type of Business: _____ Time in Business: _____ Federal ID #: _____

Sole Proprietor Partnership Corporation LLC

Principal/Officer/Partner

Bank Name, Address	Telephone #	Officer to Contact
1. _____	_____	_____
2. _____	_____	_____

Trade References (Name, Address, Telephone #, Contact Person)

1. _____	3. _____
_____	_____
_____	_____
2. _____	4. _____
_____	_____
_____	_____

Company Officer Signature: _____ Title: _____ Date: _____

Note: Net 30 days following purchase. A 2% monthly service charge will be added to any past due balance. Statements are sent after 90 days on past due accounts. Please enclose state sales tax exemption certificate if applicable.

Fehr Cab Interiors Co.
10116 N 1900 E RD.
Fairbury, IL 61739
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(FAX) 815-692-2574
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