



10116 N 1900 E RD.
Fairbury, IL 61739
815-692-3355
(fax) 815-692-2574
www.fehrcab.com

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 Business/Resale Lic. #: _____

Name of Principal/Officer/Partner

of cab kits sold annually (estimate): _____

Bank references:

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

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

1. _____	2. _____
_____	_____
_____	_____
_____	_____

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.