

Fleetwoods Credit Application

Phone: 651-636-9883 Fax: 651-636-9884

Business Contact Information

Company name:		dba:	
Contact name:		Title:	
Primary business address:		Bill to?	Ship to?
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Secondary business address:		Bill to?	Ship to?
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

GENERAL Business Information

Sole proprietorship:	Partnership:	Corporation:	Other:
Date business commenced:		Sales Tax #	
Accounts payable contact:		Phone:	
Amount of credit requested:			

BANK REFERENCES

Bank name:		Officer:	
Bank address:		Phone:	Fax:
City:		State:	ZIP Code:
Savings account	Account number	Checking account	Account number
Secondary bank:		Phone:	

Business/trade references

1. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of account:			
2. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of account:			
3. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of account:			

The undersigned personally certifies that all of the above information is correct and authorizes ***fleetwoods*** to make inquiries into the bank and business/trade references provided. By signing, the customer recognizes that s/he fully understands the credit terms set forth by ***fleetwoods*** and agrees to the proper payment in consideration of the credit extended to this company, including payment of collection costs or attorney fees in the event the customer defaults and collection processes become necessary. This application for credit is not an approval, and until it is processed and approved, the customer's account will be on a COD basis.

X		X	
Title:	Date:	Title:	Date: