



DEALER APPLICATION / CREDIT INFORMATION

Company Name: _____ Date: _____

Email Address: _____ Web Address: _____

Business Telephone : __ (____) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Fax Telephone : __ (____) _____

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

Sole Proprietor Partnership Corporation LLC

Brands sold: _____

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.

815-692-3355

10116 N 1900 E RD.

(FAX) 815-692-2574

Fairbury, IL 61739

www.fehrcab.com