



CREDIT APPLICATION  
ALBAN TIRE CORP  
7244 BOUDINOT DRIVE. (P.O. BOX 628)  
SPRINGFIELD, VA 22150  
PHONE (703) 455-9300 FAX (703) 455-0800

TERMS: NET 30

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE: OFFICE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TRADE NAME \_\_\_\_\_ NUMBER YEARS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ P.O. REQUIRED YES ( ) NO ( )

DUN & BRADSTREET ID # \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

**CORORATION (LIST OFFECERS BELOW)**

PRESIDENT \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
VICE PRESIDENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TREASURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**PARTNERSHIP (LIST PARTNERS BELOW)**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

**TRADE REFERENCES (LOCAL REFERENCES PREFERRED)**

**(FAX NUMBER REQUIRED)**

1. \_\_\_\_\_  
NAME PHONE FAX

STREET & NUMBER CITY STATE ZIP CODE

2. \_\_\_\_\_  
NAME PHONE FAX

STREET & NUMBER CITY STATE ZIP CODE

3. \_\_\_\_\_  
NAME PHONE FAX

STREET & NUMBER CITY STATE ZIP CODE

**BANK REFERENCE (PLEASE GIVE ACCOUNT NUMBER AND BRANCH IF APLICABLE)**

NAME \_\_\_\_\_

STREET & NUMBER CITY STATE ZIP CODE

(SEE NEXT PAGE)

**STATEMENT:** In consideration of credit being extended by Alban Tire Corp. to me/us/it, I and/or we certify the truthfulness and veracity of the statement appearing above, and I and/or we guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing by us, or either of us, or any other person, firm or corporation of our benefit, or for which we have interest. I and/or interest we agree and promise to pay an attorney's fee of 25% of the balance due and owing

Alban Tire Corp's regular billing date is the last day of each month, with balances due and Payable by the 30th of the following month. If your account is paid by the 30th of the month next following the purchase of merchandise, only the NET AMOUNT of the statement will be payable. Otherwise, A LATE CHARGE OR FINANCE CHARGE MAY BE MADE IN THE AMOUNT OF 1 1/2%, OF THE PREVIOUS MONTH ( less payments and credits to said balance) UNTIL PAYMENT IN FULL IS MADE. ONE AND ONE-HALF PERCENT PER MONTH IS AN ANNUAL PERCENTAGE RATE OF 18%

**STATEMENT:** IT IS IMPORTANT THAT YOU THOROUGHLY READ BEFORE SIGNING

---

Applicant

---

Title

**\*\*IF YOU ARE EXEMPT FORM SALES TAX. SEND US A COPY OF YOUR EXEMPTION CERTIFICATE WITH YOUR APPLICATION**