

## **CREDIT APPLICATION**







Louisville, KY 305 E. College St. Louisville, KY 40203 Lexington, KY 865 Nandino Blvd. Lexington, KY 40511 Prestonsburg, KY 855 US Hwy. 23 N Prestonsburg, KY 41653

Jeffersonville, IN 2000 Coopers Lane Jeffersonville, IN 47130

A-C Brake 308 E. College St. Louisville, KY 40203

Firm Name			Date		
Billing Address, City, ST, Zip			Request	ed By	
Street Address, City, ST, Zip			Phone _		
E-Mail			Fax #		
Years In Present Business	Corporation Pa	artnership Proprietorsh	p Website		
CONTACT PERSONS:					
ndividual Contact (AP)		Individual Contact (Shop)			
Number of Employees			P. O. Required	Yes	No
TO RECEIVE	TAX EXEMPT STATUS, REQUIRE	ED STATE SALES TAX EXEMP	TION DOCUMENT(S)M	1UST ACCOMP	ANY THIS APPLICATION.
xemption or Resale Certificate Attached Yes No DUN					
Federal Tax ID No. (Corpora	ation)	Social S	ecurity No. (Partnersh	ip or Individua	)
Do this Business have more	e than one branch? Yes	No If Yes, L	ist Addresses		
ICT OF OWNERS (OFFICERS	•				
LIST OF OWNERS/OFFICERS	<b>5</b> :				
lame & Title		Address			City, State, Zip
lame & Title		Address		•	City, State, Zip
Name & Title		Address		(	City, State, Zip
Jame & Title		Address		(	City, State, Zip
lame & Title		Address  TRADE REFERE	NCES		City, State, Zip
		TRADE REFERE			City, State, Zip
		TRADE REFERE		Phone	
Name		TRADE REFERE		Phone FaxPhone	
Name		TRADE REFERE		Phone FaxPhone	
Name		TRADE REFERE Address		Phone Fax Phone Fax Phone	
Name		TRADE REFERE Address Address		Phone Fax Phone Fax Phone	
Name		TRADE REFERE Address Address		Phone Fax Phone Fax Phone	
Name		TRADE REFERE Address Address		Phone Fax Phone Fax Phone	
Name	public Diesel/A-C Brake/Republ	TRADE REFERE Address Address Address	ive	Phone Fax Phone Fax Phone Fax	
Name Name Rep	public Diesel/A-C Brake/Republ	TRADE REFERE Address Address Lic Truck Sales Representate ise amended on the Invoice	ive	Phone Fax Phone Fax Phone Fax	
Name	public Diesel/A-C Brake/Republ  Unless otherwi	TRADE REFERE Address Address  Iic Truck Sales Representat iise amended on the Invoice c. A service charge will be asse	ive	Phone Fax Phone Fax Phone Fax  30 DAYS ices at the rate o	

Printed Name\_ Application's Signature \_\_\_\_ \_ Date\_

Title\_

Return Form To: P O Box 35650 Louisville, KY 40232

Or Fax To: 502-561-2347

Or Email To: ar@republicdiesel.com