



# APPLICATION FOR CREDIT

2843 S Maple Ave, Fresno, CA 93725 • PH: 559.498.3304 Ext 9842 • FX: 559.498.8621 • BettsHD.com

*The following information must be provided and will be held in the strictest confidence. Thank you*

**Company Information: (Tab to fill in fields)**

CIA ACCT                      Y                      N

Legal Name of Firm or Individual		
Mailing Address	Years in business	
Mailing City	Mailing State	Mailing ZIP Code
Shipping Address – If different from Mailing Address (Please attach complete list if multiple ship to addresses)		
Shipping City	Shipping State	Shipping ZIP Code
Telephone	Fax	Sales Email
AP Contact	Phone	AP Email

**TERMS: Net 30 Days - 45 Days "ON HOLD"**

Statement Delivery Preference Choose One  
 Purchase Order No. Required? Choose One

Resale: (Attach Certificate) Choose One  
*If Resale Certificate supplied at a later date – it will be effective upon date of receipt and will not be retroactive to past invoices*

**Please complete this section or attach required information sheet and sign below**

**Officers, Owners, Partners - *If requesting terms complete the following sections & sign***

Name(s) of Principal(s)	Title	Address	Social Security No.	Phone

**Financial:**

Bank	Bank Address	Checking Acct. No.
Bank Officer Handling Your Account	Phone	Fax

**References:**

Business Name	Complete Address	Phone	Fax

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize BettsHD to contact the references listed pertaining to my/our credit and financial responsibility. I/We fully understand the credit payment terms and agree to the proper payment in consideration of extended credit. In the event it becomes necessary for BettsHD to incur collection costs or institute legal action to enforce rights arising either out of this application or a purchase order, the undersigned promises to pay such additional collection costs, interest and any reasonable attorney fees. All past due accounts are subject to monthly finance charges.

Firm Name \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signature (Owner or Principal **ONLY**)



**BettsHD is committed to world class customer service.  
The following information is needed prior to approval.**

Which of the following best describes your business?

- Independent Distributor
- Truck / Trailer Dealer
- Repair Facility / Upfitter
- Manufacturer

Which are you a member of?

- HDA / Truckpride
- Vipar
- Power Heavy Duty
- None

Anticipated Value of:

Initial Order                    \$

Annual Sales Volume        \$

Desired Credit Limit        \$

Preferred FOB Shipping Point?

- Fresno, CA
- Canfield, OH

Thank you for your help and we look forward to serving you.

**INTERNAL USE ONLY**

Approved By \_\_\_\_\_ Account No. \_\_\_\_\_ Sales Code \_\_\_\_\_ Price Level \_\_\_\_\_