



111 Higgins Street
Worcester, MA 01606
Tel: 800.343.7676

RETURN BY FAX TO: 508-854-4912 ATTN: Sales Department

Company Name: _____ Phone: _____

Billing Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ Fax: _____

Owner: _____ Owner Soc. Sec. #: _____

Owner Home Address: _____

Business is a: Corporation: _____ Partnership: _____ Proprietorship: _____

No. Years in Business: _____ If Corporation- Fed ID #: (required to process) _____

Date of Incorporation: _____ Accounts Payable Contact: _____

Financial Institution: _____ Branch: _____

Phone #: _____ Account #: _____

(To expedite process)

Contact Person: _____

Trade / Credit Reference

Address

Fax #

Contact:

Sales Contact Person: _____ Application Sent By (Curtis Sales): _____

Type of Equipment Dealer: _____ Curtis Product Of Interest: _____

(Ex. John Deere, EZ-GO, Kubota, Yamaha, Club Car, Polaris)

The Undersigned represents the facts contained in this Credit Application are complete and accurate and authorizes Curtis Industries, LLC to contact the Financial Institution and Credit References listed above. The undersigned further authorizes those Financial Institution and Credit References to provide credit information regarding the undersigned applicant to Curtis Industries, LLC upon request without further authorization being required.

Signature: _____ Date: _____

Name & Title (please print): _____

INTERNAL USE ONLY:

Sales Approval: _____

BDM: _____

Dealer Type: _____

Acknowledgement: _____