

Gravelly Auto Sales & Recycling, Inc.
P.O. Box 126 Axton, VA 24054
276-650-2547 - 276-650-2417 (fax)

Application for Credit

Account Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Years in Business _____

Resale Permit # _____

() Corporation () Partnership () Proprietorship

Officers or Partners:

Name _____ Address _____
Title _____

Name _____ Address _____
Title _____

Name _____ Address _____
Title _____

Name _____ Address _____
Title _____

Bank Reference

Name: _____

Address: _____

Contact Officer: _____

Account # _____

Credit Reference

Company Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This is to certify that the above information is given for the purpose of obtaining credit and is warranted to be true. We attest that we are financially able to meet our obligations and will remit in accordance with the invoice terms. We hereby authorize the above named companies to release such information regarding my/our financial condition as may have bearing on this application.

By: _____ Title: _____ Date: _____