



McKinney TX



BUISNESS INFORMATION

BUISNESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FINANCIAL INSTITUTION REFERENCE

PRIMARY BANKING FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

CONTACT: \_\_\_\_\_

CREDIT REFRENCES

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ A/R CONTACT \_\_\_\_\_ FAX # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ A/R CONTACT \_\_\_\_\_ FAX # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ A/R CONTACT \_\_\_\_\_ FAX # \_\_\_\_\_

COMPANY INFORMATION

NUMBER OR YEARS IN BUSINESS \_\_\_\_\_

TAX EXEMPT (YES OR NO) TAX ID #: \_\_\_\_\_

PO REQUIRED (YES OR NO) A/R CONTACT: \_\_\_\_\_

NAME OR TITLES OF PEOPLE AUTORIZED TO CHARGE ON ACCOUNT: \_\_\_\_\_

I UNDERSTAND THAT YOUR STATEMENT CUT OFF DATE IS THE 25<sup>TH</sup> DAY OF EACH MONTH AND THE BALANCE IS DUE IN FULL BY THE 10<sup>TH</sup> DAY OF THE FOLLOWING MONTH. I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I AUTHORIZE AN INQUIRY OF CREDIT AND THE RELEASE OF INFORMATION ABOUT MY CREDIT TO HUFFINES HYUNDAI.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHOLESALE PARTS DIRECT 469-525-4354

[Dan.Tran@huffines.net](mailto:Dan.Tran@huffines.net)

**FAX COMPLETED APPLICATIONS TO  
469-525-4365**