

EASTERN *luxury*
Credit Application

Please print a copy of this form and fill it out as completely as possible. Remember that all of this information will be kept confidential.

Fax the completed form to Eastern Luxury, FAX no (718) 832-1770

Once all the information has been reviewed, we will contact you.

COMPANY INFORMATION:

Name: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ County: _____

E-mail Address: _____

Trade Name or DBA/AKA, if applicable: _____

Tax number ID: _____

MAILING/BILLING INFORMATION:

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ County: _____

Type of Business: Corporation Partnership Individual

Years in Business: _____ D-U-N-S Number: _____

Nature of Business: _____

Approximated Number of Cars Required Per Month: _____

Billing Requirement: _____

Individual or department responsible for payments: _____

Phone: _____ - _____ - _____ Extension: _____ Fax: _____ - _____ - _____

eMail: _____

PARENT COMPANY INFORMATION, IF APPLICABLE:

Company Name: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ County: _____

CREDIT INFORMATION/ REFERENCES:

Please describe your approval process from receipt to release of payment (if you require more room, use back of form or separate page): _____

Please provide two business references.

Business Name: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ County: _____

Business Name: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____ County: _____

Please provide a bank reference.

Bank Name: _____

Branch: _____ Contact Person/Title: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ County: _____

ADDITIONAL INFORMATION

Has your Company ever filed Bankruptcy? Yes No

Has your Company ever had legal collection activity taken against it? Yes No

If yes please explain on separate page.

Name of individual completing this application: _____

Title/Position: _____

Email Address: _____

Phone: _____ - _____ - _____ Extension: _____ Date: _____

THANK YOU FOR CHOOSING
Eastern Luxury, INC.

Should you require assistance in completion of this application, please call 718-369-5031 between the hours of 10 am and 6 pm Monday-Friday.

All information on this form will be held in the strictest confidence.

Fax the completed form to Eastern Luxury, FAX no (718) 832-1770

Eastern Luxury, INC. - 222 15th Street, Brooklyn, NY 11215 – Tel. 718-499-6227 Fax 718-832-1770

www.EasternCarService.com