



HENISE TIRE SERVICE, INC.
 558 E. PENN AVENUE
 P.O. BOX 2031
 LEBANON, PA 17042-2031
 Phone: 717-272-2051
 Fax: 717-272-4687

CREDIT APPLICATION

NEW CHANGE

1210 MATTHEW ST.
 WATSONTOWN, PA 17777
 Phone: 570-838-3210
 Fax: 570-838-3213

340 S. RICHLAND AVE.
 YORK, PA 17404
 Phone: 717-845-4734
 Fax: 717-845-9328

3161 STATE RD. Unit I-1
 BENSLEM, PA 19020
 Phone: 215-633-9888
 Fax: 215-633-9898

5480 OAK VIEW DR.
 ALLENTOWN, PA 18104
 Phone: 484-664-2060
 Fax: 484-664-2063

FULL
 COMPANY
 NAME : _____ DATE: _____ ACCT # _____

ADDRESS : _____ CITY : _____ STATE : _____ ZIP : _____

PHONE : _____ FAX: _____ EMAIL: _____

BUSINESS TYPE :

- SOLE PROPRIETORSHIP Federal ID No. _____ Social Security No. _____
- PARTNERSHIP State of Incorporation: _____ Date of Incorporation: _____
- LIMITED PARTNERSHIP Type of Business: _____
- LLC In Business Since: _____ Do you own or rent building? _____
- CORPORATION
- GOVERNMENT

Name of Principals: _____ Title: _____
 _____ Title: _____

Chief Financial Contact: _____ Phone: _____

BANK REFERENCE :

BANK NAME: _____ CONTACT: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ FAX: _____ STATE: _____ ZIP CODE: _____
 BANK ACCOUNT NUMBERS: CHECKING: _____ SAVINGS: _____

REC'D _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Customer agrees to pay for all goods and services received in accordance with the conditions and terms of payment appearing on Henise Tire Service, Inc.'s invoices. Customer further agrees to pay all collection fees, attorney fees, and related court costs associated with efforts to collect Past-Due accounts. Past-Due balances are subject to interest charges of 1½ % per month but not to exceed the maximum allowed by law.

Signature: _____ Date: _____

Print Name: _____ Title: _____

BUSINESS REFERENCES :

COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
		FAX:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
		FAX:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
		FAX:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

COMPANY NAME:	CONTACT:	PHONE:	REC'D _____
		FAX:	
ADDRESS:	CITY:	STATE:	ZIP CODE:

TYPE OF ACCOUNT REQUESTED:

C.O.D. Account

Credit Account / Limit Requested: _____

BILLING INSTRUCTIONS :

Are you Sales Tax Exempt ? YES NO *(Must be accompanied by PA, NJ, or MD Tax Exempt Form)*

Do you want us to collect & submit your Tire Tax? (Wholesale Only) YES NO

Does Your Company Issue and Request Purchase Order Numbers
To Be Referenced On Invoices And Packing Slips ? YES NO

SPECIAL BILLING INSTRUCTIONS:

BILLING ADDRESS TO WHICH STATEMENTS SHOULD BE SENT (IF DIFFERENT FROM PAGE 1)

ADDRESS : _____ CITY : _____ STATE : _____ ZIP : _____

Email address for announcements and specials : _____

Wholesale Dealers: if you would like access to our online ordering system,

Please provide us with a preferred password _____

FOR OFFICE USE ONLY: SALESMAN: _____ COUNTY: _____ CUST.TYPE: _____

COMPANY CONTACTS: OFFICE: _____ SHOP: _____

NEAREST CURRENT CUSTOMERS: _____

SPECIAL INSTRUCTIONS: _____ BRANCH _____ P.S. _____

ONLINE ORDERING SETUP INSTRUCTIONS : PM DELIVERY ____ RAPID FIRE ____ MEDIUM TRUCK ____

RECEIVED AT OFFICE	REFERENCES SENT	CUSTOMER FILE	DISPOSITION	CREDIT LIMIT	LETTER SENT