



Credit Department
Email: Suzanne.Nelson@Harlowbussales.com
Fax: 701-246-3468 Attn: Credit
Phone: 1-800-437-2072
www.harlowbussales.com

Harlow's Location Use Only: Customer ID: Location: Fax #: Email:

BUSINESS CONTACT/BILLING INFORMATION

Company Name:			
Billing Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Date Business Commenced:		Tax Exempt #:	
Sole Proprietorship	Partnership:	Corporation:	Other:

PARTS ORDERING INFORMATION

Shipping Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-Mail:	
PO Required:	Credit Limit Requested:	Authorized Buyer:	

BUSINESS AND CREDIT INFORMATION

Bank Name:			
Bank Address:			Phone:
City:	State:	Zip Code:	
Type of Account:		Account Number:	

BUSINESS/TRADE REFERNCES

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Acct Number:	
Email Address:			

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Acct Number:	
Email Address:			

Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	Acct Number:	
Email Address:			

AGREEMENT

1. Statement closing date is the Last day of each month. The balance is due within 30 days of invoice date.
2. A finance charge of 1.5% per month is charged on any balance over 30 days old.
3. By submitting this application, you authorize Harlow's Bus Sales, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Signature:	Title:	Date:
------------	--------	-------

Internal Use Only

Date Approved: Approval Signature: Credit Limit: Account Type:



HARLOW'S

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

Date: _____

The undersigned hereby authorizes the release of account(s) information and experience to Harlow's Bus Sales, Inc. for the purpose of establishing and/or updating credit information for Harlow's Bus Sales, Inc.

(Name/Company Name) Print

(Signature)

(Title)