DEALER CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES			
Company name/Contact:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name/Contact:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name/Contact:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize PalatiumCare to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature: Printed Name: Title: Date:	Signature: Printed Name: Title: Date: