

**APPLICATION FOR CREDIT**

\_\_\_\_\_  
Name of firm or individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
No. of years at this address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email address for "Accounts Payable" usage:

*Hereby apply for credit in accordance with the terms of:*

**LISCHKGE MOTORS, INC.**  
**P.O. BOX 210**  
**AURORA, IN 47001**

**Phone: 812-926-1805 or 1-800-342-6225**  
**Fax: 812-926-4352**  
**Credit Terms: Net 10th**

*The following information must be completed in full and will be held in the strictest confidence.*

**OWNERSHIP:**

\_\_\_ Corporation    \_\_\_ Partnership    \_\_\_ Individual

\_\_\_\_\_  
Name(s) of Principal(s)

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Bank

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Bank Phone #

\_\_\_\_\_  
Bank Officer

**REFERENCES:**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email or Fax

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email or Fax

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email or Fax

*We certify that all the information on this form is correct and that we agree to pay finance charges of a 21% rate of interest and also any reasonable attorney fees should we not repay any money due and owing to Lischkge Motors, Inc.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Please do not write in the space below

Credit approved by:

Credit refused by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date