



6905 Market Street Wilmington, NC 28411 **910.791.8800**

72 Gregory Road NE Leland, NC 28451 **910.371.1844**

PLEASE FAX TO: 910.392.0101 (Wilm) | 910.371.1845 (Leland)

COMPLETE CAR CARE CENTERS

COMMERCIAL ACCOUNT APPLICATION

FIRST NAME _____ LAST _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

F.E.I.N # _____ TAX I.D. # _____

D-U-N-S # _____

P.O. REQUIRED **YES** **NO** CONTACT NAME _____

AMOUNT APPROVED WITHOUT P.O. _____

AUTOMATIC DRAFT OPTION **YES** **NO**

CREDIT CARD NUMBER _____

EXP DATE _____ CVV NUMBER ON BACK _____

OWNER NAME _____ TITLE _____

I certify that all information is correct and true. I understand all balances are due by the following month on or before the 10th and any balance not paid on or before this date is subject to a late fee of 5% of the total balance owed. I also by signing this personally guarantee any balance owed from said company to O'Leary's Automotive Repair Inc. and understand that any balance falling 90 days behind may be sent to collections or any judicial procedure to collect said balances. O'Leary's automotive has all rights to suspend this application and credit at anytime without notice. By signing this you authorize O'Leary's Automotive Repair Inc. to pull a business credit report. If using automatic draft option you understand that your balance will be charged to your chosen credit card on the 10th of every month.

PRINT _____ SIGN _____ DATE _____

.....
(FOR OFFICE USE ONLY)

APPROVED **DECLINED** DATE _____

CREDIT LIMIT _____ MANAGER NAME _____

REASON FOR DECLINE _____