



DIAMOND AUTOMOTIVE GROUP FLORIDA, INC.  
7979 NW 84<sup>th</sup> Street - Medley FL 33166 Ph.786-442-1212 – Fax 786-442-1210  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:

Company name/ DBA/Other Business 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:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

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 the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Diamond Automotive Group Florida, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Sales Agent:  
Date:

Customer/Title:  
Date:



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ADDITIONAL CONTACT INFORMATION

Title:			
Company name/ DBA/Other Business Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

ADDITIONAL 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			

TERMS AND CONDITIONS OF SALES

For and in consideration of the sale of goods and extension of credit to the Applicant, the undersigned promises to pay to the order of Diamond Automotive Group Florida Inc. at it's office in USA, Miami, Miami-Dade County, all charges to the account of the Applicant on the following terms: 2%-10<sup>th</sup> prox. Net 25<sup>th</sup> prox. In the event said account becomes past due and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorney's fees. Applicant agrees that the terms and conditions of this agreement and all transactions hereunder shall be governed by the State of Florida. Applicant agrees that the terms and conditions of this agreement and all bank and credit references furnished herein to further investigate its credit worthiness.

We Hereby apply for credit and the information herein is correct and true. We also understand this information is to be used only in establish credit and will be held in the strictest confidence.

The applicant hereby authorizes the release of only the information needed to complete this application for credit, in accordance with the Freedom of Information Act.

TELEPHONE CHARGE AUTHORIZATION

I understand that by signing below, I authorize Diamond Automotive Group Florida Inc. to charge the credit card indicated for purchases made by telephone. I understand that Diamond Automotive Group Florida Inc., will allow only those persons listed as cardholder and/or "Authorized User" to originate these purchases.

CREDIT CARD NUMBER:	EXPIRATION DATE:	VISA <input type="checkbox"/>	MC <input type="checkbox"/>
CARDHOLDER NAME:			
CREDIT CARD BILLING ADDRESS:			
CITY, STATE, ZIP			
DIAMOND AUTOMOTIVE ACCOUNT #:			
AUTHORIZED USERS:			
CARDHOLDER SIGNATURE:	DATE:		