



630 N. 13th ST. ALLENTOWN, PA 18102

OFFICE (610) 434-7470

FAX (610) 433-5417

PAGE 1

KLINE'S ACCOUNT APPLICATION

KLINE'S SERVICING STORE _____ KLINE'S SALESPERSON _____ DATE _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Federal Employer Number _____

Business Phone No. _____ Business Fax No. _____

E-Mail Address _____

Type of Business Corporation S-Corp Partnership

PROPRIETORSHIP LLC Individual

Do You Require Purchase Order Numbers? ____ Do You Pay Sales Tax? Yes No

IF your answer is no. PLEASE INCLUDE A COPY OF YOUR COMPLETED SALES TAX FORM AND A COPY OF YOUR SALES TAX CERTIFICATE WITH THIS APPLICATION.

Name of person to contact regarding your account _____

NAME OF APPLICANT, OWNER, PRINCIPAL, OR OFFICER of ACCOUNT PRINT ON NEXT LINE

D.O.B. _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SOCIAL SECURITY NO _____ **HOME PHONE NO** _____

Title or Occupation of Applicant _____

Employed By _____

Address of Employer _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____

Name of Bank _____

Address of Bank _____

City _____ State _____ Zip _____

Checking Account Number _____

Authorization to Charge Credit Card

I, _____ authorize Kline's Auto, Inc. to
(PRINT NAME)
charge the following credit card account for my full statement balance.

Kline's Auto, Inc. Account Number: _____

Name of Account: _____

Authorized Persons to Sign Invoices

Credit Card Type: American Express Visa
 Discover Master Card

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Card Member Signature: _____

Date: _____

Attach copy of Credit Card to this form

For Office Use Only:

Credit Card Info Verified By:

Date:

STATEMENT BALANCES ARE DUE AT THE END OF THE WEEK OR MONTH DEPENDING ON THE TYPE OF ACCOUNT YOU HAVE. YOUR KLINE'S BALANCE WILL BE CHARGED TO YOUR CREDIT CARD IF NOT PAID WHEN DUE. CHARGES NOT PAID WHEN DUE WILL BE CHARGED A SERVICE CHARGE OF 1 1/2% MONTHLY WHICH IS 18 % ANNUALLY AND SENT FOR COLLECTION.

APPLICANT AGREES THAT IN THE EVENT OF DEFAULT UPON PAYMENT PURSUANT TO THE TERMS SET FORTH HEREIN ABOVE, THE COMPANY WILL CHARGE REASONABLE ATTORNEY'S FEES AND COURT COSTS INCURRED IN ITS ATTEMPT TO COLLECT. IN THE EVENT OF LITIGATION, APPLICANT CONSENTS TO VENUE IN LEHIGH COUNTY IN ANY COURT OF COMPETENT JURISDICTION.

APPLICANT AGREES THAT ANY JUDGEMENT OBTAINED WILL BEAR INTEREST AT THE RATE LISTED ABOVE UNTIL PAID.

APPLICANT AGREES TO CONSENT TO THE NECESSARY CREDIT INVESTIGATION IN CONNECTION WITH THIS APPLICATION AND AUTHORIZE CREDITORS TO PROVIDE INFORMATION NECESSARY TO PROCESS THIS APPLICATION. THE APPLICANT WARRANTS THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE.

UPON THE SIGNING OF THIS APPLICATION, THE APPLICANT AGREES THAT HE HAS RECEIVED A COPY OF THIS APPLICATION.

THE APPLICANT AGREES THAT A SIGNED FACSIMILE OF THIS AGREEMENT IS CONSIDERED THE SAME AS A SIGNED ORIGINAL.

Applicant as an Officer

.

SIGNATURE OF OFFICER

DATE

PRINT NAME

TITLE

Applicant Individually

The undersigned individual agrees to be jointly and severally liable for any sums owed by the above company to Kline's Auto, Inc.

SIGNATURE OF INDIVIDUAL

DATE

PRINT NAME

SOCIAL SECURITY NUMBER

Type of Account Requested (___) CASH (___) WEEKLY (___) MONTHLY

We do not have revolving accounts where you make payments. All accounts are due in full when you receive our statement. We will however allow those type charges to your credit card.