

MERCHANT APPLICATION

Legal Name _____ Phone (____) - _____
 Trade Name _____ Fax (____) - _____
 PO Box _____ Street _____ City _____ State _____ Zip _____

S Corp. C Corp. LLC Partnership Sole Proprietorship Corporate ID # _____
 State of Incorporation _____ County _____ Years in Business ____ Type Business _____
 Federal ID# _____ Email address: _____

Website Address _____
 Type Franchises _____

Owners, officers & ownership percentages:		Home Address	SS #
_____	_____%	_____	_____
_____	_____%	_____	_____
_____	_____%	_____	_____

#1 Bank Reference _____ Officer's Name _____
 Address _____
 Phone Number _____ Account Number _____

#2 Bank Reference _____ Officer's Name _____
 Address _____
 Phone Number _____ Account Number _____

Trade References:
 1. Name _____ Address _____
 Account Number _____ Phone (____) _____
 2. Name _____ Address _____
 Account Number _____ Phone (____) _____
 3. Name _____ Address _____
 Account Number _____ Phone (____) _____

Floor Plan Source _____
 Address _____ Phone (____) _____

List names of key people below:
 General Manager _____ Parts Manager _____
 Office Manager _____ Service Manager _____
 Controller _____ Contact Person for Regions IBS _____

Who should we contact for Yearly Financial Statements? _____

Please name person and title to whom we should send correspondence. (Credit due/Charge Back, Status Change, Notices, Checks, etc.) _____

What fax number/e-mail address should we use to notify you of changes on your customers' accounts? _____

If direct deposit, what is the fax number or e-mail address to use? _____

The above information is given for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize all of the above named person or companies to release to Regions Interstate Billing Service, Inc., or its representatives, such information with regard to my/our financial condition, as may reasonably have a bearing on this application.

Signed _____ Date _____

Regions IBS Use Only*
 Dealer # _____ P F Disc. Rate _____ % Start Date _____ Conversion Days ____ Reg. _____