



DOVER BRAKE INC.

330-878-5951
PO BOX 66
STRASBURG, OH 44680

COMPLETE INFORMATION AND SIGNATURE REQUIRED

PLEASE PRINT

BILLING ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

OFFICE PHONE:(____) _____

SHOP PHONE:_(____) _____

FAX NUMBER:(____) _____

FEDERAL I.D.# _____

YEARS IN BUSINESS: _____

SALES TAX EXEMPTION:

___ NO

___ YES----**PLEASE PROVIDE EXEMPTION CERTIFICATE FOR EACH
SHIP TO LOCATION**

ACCOUNTS PAYABLE CONTACT: _____ PHONE# _____

OWNERS/OFFICERS:

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

TYPE OF BUSINESS:

____ REPAIR SHOP ____ AUTO

____ FLEET # OF VEHICLES

____ AGR. EQUIPMENT

____ HEAVY EQUIPMENT

____ MANUFACTURING-INDUSTRIAL COMM.

____ OTHER, PLEASE DESCRIBE

TRADE REFERENCES

MUST GIVE COMPLETE MAILING ADDRESSES SO AS TO NOT TO DELAY PROCESSING!

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

BUSINESS STRUCTURE:

____ PERSONAL ACCOUNT

____ SOLE PROPRIETORSHIP

____ CORPORATION

____ PARTNERSHIP

____ LIMITED LIABILITY COMPANY

____ GOVERNMENT AGENCY

____ OTHER, PLEASE DESCRIBE

TYPE OF ACCOUNT DESIRED:

____ MASTERCARD/ VISA

____ C.O.D.

____ OPEN ACCOUNT

\$ _____ AMOUNT REQUESTED

HOW OFTEN WILL ACCOUNT BE USED?

____ WEEKLY ____ QUARTERLY

____ MONTHLY ____ OTHER

BANK REFERENCE

NAME: _____

ADDRESS: _____

PHONE: _____

CONTACT: _____

ACCOUNT#: _____

THE ABOVE INFORMATION IS HERewith SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IS COMPLETE AND ACCURATE. I AUTHORIZE DOVER BRAKE INC. TO CHECH WITH CREDIT REFERENCES AND OTHER SOURCES DISCLOSED HEREIN TO ASSIST IN THEIR INVESTIGATION AND PROCESSING OF THIS APPLICATION. I AGREE TO ABIDE BY THE FOLLOWING CREDIT TERMS AND FURTHER CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT.

ALL ACCOUNTS ARE DUE AND PAYABLE BY THE 10TH OF THE MONTH FOLLOWING PURCHASE. ALL DELINQUENT ACCOUNTS WILL BE CHARGED A 1.5% PER MONTH, 18% PER ANNUM SERVICE CHARGE. ANY ACCOUNT NOT PAID IN FULL IN 60 DAYS WILL BE PLACED ON C.O.D.!

SIGNED: _____

PRINT NAME: _____

TITLE: _____

DATE: _____