

Jim Glover

AUTO FAMILY

Business Application for Credit with: Jim Glover on the River _____ Jim Glover CDJR _____

Business Name: _____
Type of Entity: Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____
Street Address: _____
Mailing Address: _____
Main Phone: _____ Fax: _____
How long in Business: _____ Type of Business: _____
Federal ID# _____ Sales Tax # _____

Owner Information

Name of Owner (if Sole Proprietorship): _____
Name of Partner(s) or Officers (If Partnership or Corporation): _____

Home Address of Owner: _____
Social Security Number(s): _____

Banking Information

Name & Address: _____
Phone Number: _____ Fax Number: _____
Account Number: _____ Type of Account: _____
Loan Number: _____ Loan Balance: _____
Account Officer: _____

Business References

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

By signing this application the applicant does certify that the information contained herein is true and correct to the best of the applicant's knowledge and authorizes Jim Glover Auto Family to investigate the applicant's credit. It is also understood that by signing this application the applicant(s) agree to pay all charges according to the terms reflected on each statement.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Jim Glover on the River
707 W 51st St Tulsa, OK 74107
(918) 446-2200

Jim Glover CDJRF
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(918) 401-4600