



4 Leonard Way, Deposit, NY 13754

Phone: (607) 467-3100 | Fax: (607) 467-4550 | Email: gdubois@leonardbus.com

CREDIT APPLICATION FOR PARTS AND SERVICE PURCHASES

| Business Contact Information | | | |
|---------------------------------|--------------|-------------------------|--------|
| Title: | | | |
| Company Name: | | | |
| Phone: | Fax: | Email: | |
| 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: | |
| Telephone: | Fax: | Accts. Payable Contact: | |
| Accts. Payable Email Address: | | | |
| Bank Name: | Phone: | | |
| Bank Address: | | | |
| City: | State: | Zip Code: | |
| Checking? | Account #: | | |
| Savings? | Account #: | | |
| Contact Person Name: | | | |
| Trade References | | | |
| Company Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | Email: | |
| Type of Account: | Contact: | | |
| Company Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | Email: | |
| Type of Account: | Contact: | | |
| Company Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Phone: | Fax: | Email: | |
| Type of Account: | Contact: | | |



4 Leonard Way, Deposit, NY 13754
(800) 554-4504 | www.leonardbus.com

Customer Contact Information

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

EIN Number: _____

Ship To (if different from above):

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____

Taxable? (circle one)

Yes No

If not taxable, please email resale certificate to Gina DuBois at gdubois@leonardbus.com or fax to (607) 467-4550

Tax ID Number: _____

Amount of Credit Desired: _____

Do you require a Purchase Order Number? (circle one)

Yes No