

# Henry's Wrecker Service



## BUSINESS ACCOUNT APPLICATION

### BUSINESS CONTACT INFORMATION

**Business name:**

Firm name:

Phone:

Fax:

E-mail:

Registered business address:

City:

State:

ZIP Code:

Date business commenced:

Tax ID #:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

**Billing address:**

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

**A/P Contact name:**

Phone (if different from above):

Fax (if different from above):

E-mail address (if different from above):

**PO # Required?** YES  NO

### BUSINESS/TRADE REFERENCES (INCLUDE OPEN ACCOUNTS ONLY)

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

### AGREEMENT

1. All invoices are to be paid within 15 days from the date of service subject to 1 ½% Service Charge/Month on any past due balance (or 18%/Year).
2. By submitting this application, you authorize Henry's Wrecker Service to make inquiries into the business references that you have supplied.
3. Include your banking information with this application.

Printed Name, Title

Signature:

Date:

**Return COMPLETED application to:**  
**ted.nevins@henryswrecker.com**

Henry's Wrecker Service  
Attn: Ted Nevins  
2735 Hartland Rd, Ste 202  
Falls Church, VA 22043  
703-539-0412 Fax & Phone

**Application Approved**

By: \_\_\_\_\_

Date: \_\_\_\_\_ Customer # \_\_\_\_\_