Wayne Auto Salvage, Inc.

Credit Application

Please complete and return the following information:

Company Name:				
Mailing Address:				
Shipping Address:				
City		St	ate	_ Zip
	Yes	No	Fed Ida (circle one)	#
# of years in business:	Sales	Tax#:	(if applies)	
Phone:	Fax	x:		
Bank:	Ad	ldress:		
Bank Contact person: Account#:				
Credit References: (at least	two being Salv	age Yards	with current ac	ctivity)
Company		Conta	act Person	Phone Number
Prepared by:			Date:	
Title:				

Fax back to Wayne Auto Salvage, Attn: Judy, 919-734-3674