



CREDIT APPLICATION & AGREEMENT

BUSINESS INFORMATION

Company Name: _____
Company Address: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Website: _____ Federal tax ID: _____
Business Start Date: _____ Nature of Business: _____
Type of Entity: Corporation Partnership Sole Proprietorship LLC Other (Please Specify): _____
Owner/Officers: _____ Title: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Email: _____ Phone #: _____

BANK INFORMATION

Bank Name: _____ Account #: _____ Phone #: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip Code: _____

CREDIT REFERENCES

1: Business Name: _____
Address: _____
A/R Contact: _____ Phone #: _____ Email: _____
2: Business Name: _____
Address: _____
A/R Contact: _____ Phone #: _____ Email: _____
3: Business Name: _____
Address: _____
A/R Contact: _____ Phone #: _____ Email: _____

TERMS AND CONDITIONS

BY COMPLETING AND RETURNING THIS APPLICATION THE APPLICANT AUTHORIZES ACCESS TRUCK PARTS TO MAKE INQUIRIES INTO THE BANKING, BUSINESS AND/OR TRADE REFERENCES LISTED AND AFFIRMS THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

UPON APPLICATION APPROVAL, PAYMENT TERMS ARE NET 30 DAYS FROM THE DATE OF INVOICE UNLESS OTHERWISE NOTED. LATE PAYMENTS ARE SUBJECT TO A 1.5% PENALTY.

SIGNATURE _____ PRINT NAMED _____ TITLE _____ DATE _____