

CREDIT APPLICATION FOR FOX AUTO PARTS, INC.

BUSINESS INFORMATION

Company name:

Accounts Payable Contact Name:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Date business began:

How long at current address?

Sole proprietorship:

Partnership:

Corporation:

Mailing address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

REFERENCES: THREE SALVAGE YARDS PLEASE (PREFERENCE GIVEN TO YARDS IN TEAM PRP)

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

How long have you been purchasing from them?

What are their payment terms?

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

How long have you been doing business with them?

What are their payment terms?

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

How long have you been buying from them?

What are their payment terms?

AGREEMENT

1. All invoices are to be paid before the end of the following month. For example, invoices from January must be paid within the month of February. Any accounts past due by even one day will be placed on COD until resolved. Any accounts past due by 60 days will be turned over to collections.
2. Please submit credit requests promptly so that we may resolve the issue. If an invoice is unpaid because it needs to be credited, it will still cause your account to be COD unless you call us about the issue.
3. By submitting this application, you authorize Fox Auto Parts, Inc. to make inquiries into the references that you have supplied and you also authorize said company to provide an accurate credit reference if one is requested.
4. By signing below and agreeing the these terms and conditions, you are signing a personal guarantee that if the company defaults on a debt to Fox Auto Parts, you will pay the balance yourself.

SIGNATURES

Name:

Title:

Date:

Name:

Title:

Date: