


**CREDIT APPLICATION**   
**CASH APPLICATION** 
**168 So. 140th Ave.  
 P.O. Box 44250  
 Tacoma, Washington 98448-0250  
 253-531-5763  
 253-531-9538 FAX**
**Account Number:** \_\_\_\_\_  
**Sales Person:** \_\_\_\_\_

**BUSINESS INFORMATION**

COMPLETE LEGAL COMPANY NAME				<input type="checkbox"/> CORP <input type="checkbox"/> PROP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNI <input type="checkbox"/> NON PROFIT			
STREET ADDRESS		CITY		STATE		ZIP	
MAILING ADDRESS		CITY		STATE		ZIP	
COUNTY	PHONE #		FAX#				
NATURE OF BUSINESS			OTHER BUSINESS NAME USED				
FEDERAL ID#	UBI #		Years Under Current Ownership		Date of Incorporation		
EMAIL ADDRESS			EMAIL STATEMENT YES            NO		EMAIL INVOICES YES            NO		

**OFFICERS/OWNERS/PARTNERS**

NAME #1		NAME #2	
TITLE	DOB	TITLE	DOB
SPOUSE	DOB	SPOUSE	DOB
RESIDENCE		RESIDENCE	
HOME PHONE #	SSN	HOME PHONE #	SSN

**BANK REFERENCES**

BANK NAME	PHONE #	ACCT#	CONTACT	ACCT. TYPE

**TRADE REFERENCES**

COMPANY NAME	PHONE #	FAX#	ACCOUNT # & CONTACT

Please do not use Carquest, AutoZone, or O'Reilly Auto Parts- they will not give credit references

PO REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_ ESTIMATED MONTHLY PURCHASES \_\_\_\_\_

**Signature on back required for charge applications.**

Persons Authorized to Make Purchases \_\_\_\_\_  
\_\_\_\_\_

**CONSENT**

The undersigned authorize(s) Standard Parts Corporation and its nominees to obtain, and all parties to release, credit and financial information (personal or business) requested by Standard Parts Corporation or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit with the applicant and certifies that all statements contained herein are true and correct.

**CREDIT TERMS**

Our terms are 2% 10<sup>th</sup>, Net 20<sup>th</sup>, any account not paid by the 30<sup>th</sup> of the statement month will be charged a 1.5% service charge. In the event of collection procedures I/We promise to pay past due service charges, collection agency charges, attorney fees and court costs. Upon signing this application, I/We certify the information to be correct and personally guarantee payment of all invoices in full accordance with Standard Parts Corporation terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

**OFFICE USE ONLY:**      **APROVED**   Y   N      **DATE** \_\_\_\_\_      **INITIALS** \_\_\_\_\_