

Heavy Duty Parts

BUSINESS CREDIT APPLICATION

YOUR NAME		TITI	TITLE			
EMAIL			PHONE			
BUSINESS INFORMATION AS REGISTERED						
COMPANY NAME						
ADDRESS			PHONE			
CITY	STATE			ZIP CODE		
LENGTH OF TIME AT CURRENT ADD	DRESS:YE	ARS	MOI	NTHS		
TYPE OF BUSINESS: SOLE PROPRIE	TORSHIP PARTNE	RSHII	P LLC C	ORPORTATION OTHER		
FLEET INFORMATION						
NO. OF TRUCKS			NO. OF TRAILERS			
DO YOU HAVE SHOP FOR YOUR OWN FLEET. Y/N			DO YOU REPAIR OUT SIDE TRUCKS. Y/N			
BANK INFORMATION						
BANK NAME			CONTACT NAME			
BANK NAME		CO	NTACT NAME			
ADDRESS			NTACT NAME			
	STATE			ZIP CODE		
ADDRESS	STATE ACCOUNT NUMB	PH		ZIP CODE		
ADDRESS CITY		PH		ZIP CODE		
ADDRESS CITY TYPE OF ACCOUNT		PH		ZIP CODE		
ADDRESS CITY TYPE OF ACCOUNT SAVINGS		PH		ZIP CODE		
ADDRESS CITY TYPE OF ACCOUNT SAVINGS CHECKING		PH		ZIP CODE		
ADDRESS CITY TYPE OF ACCOUNT SAVINGS CHECKING OTHER		ER		ZIP CODE		



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BUSINESS REFERENCES						
1 COMPANY		CONTACT NAME				
PHONE		EMAIL				
ADDRESS		TITLE				
CITY	STATE		ZIP CODE			
2 COMPANY		CONTACT NAME				
PHONE		EMAIL				
ADDRESS		TITLE				
CITY	STATE	·	ZIP CODE			
3 COMPANY		CONTACT NAME				
PHONE		EMAIL				
ADDRESS		TITLE				
СІТҮ	STATE		ZIP CODE			
COMMENTS						
CREDIT AGREEMENT						
1 All invoices must be paid within 30 days of the date issued						
 2 Any claims regarding an invoice issued must be made within 7 days of the date issued 3 You authorize inquiry into the banking and business references provided within this application 						
s provided within this application						
COMPANY REPRESENTATIVES						
1 SIGNATURE		TITLE				
NAME		DATE				
NOTES & COMMENTS						