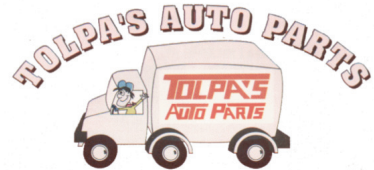


# Tolpa's Auto Parts Credit Application



10729 French Road, Remsen, New York, 13438

Legal Name of Company: \_\_\_\_\_

DBA: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone # (\_\_\_\_) \_\_\_\_\_ Toll Free Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have multiple locations? \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

If you are applying for multiple locations, Please list addresses on separate sheet.

Does your company require a purchase order number? Yes No

Who are the individuals that are authorized to purchase parts for your company? \_\_\_\_\_

Person responsible for Accounts Payable: \_\_\_\_\_

Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Maximum Credit Desired: \_\_\_\_\_

Circle One: Partnership Corporation Sole Proprietorship Limited Liability Company

President (Full Name): \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

V. President (Full Name): \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

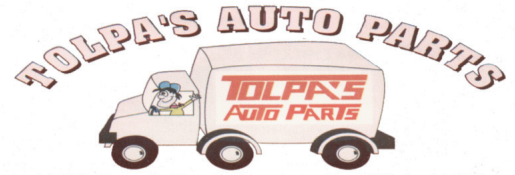
Secretary (Full Name): \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Treasurer (Full Name): \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

# Tolpa's Auto Parts Credit Application



10729 French Road, Remsen, New York, 13438

## Bank References:

Bank Name: \_\_\_\_\_ Branch # \_\_\_\_\_ Contact: \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch # \_\_\_\_\_ Contact: \_\_\_\_\_  
Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

## Credit References:

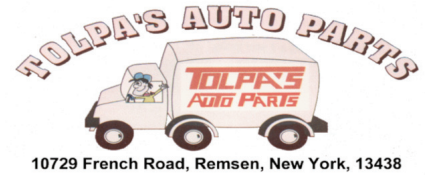
Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Account # \_\_\_\_\_ How Long? \_\_\_\_\_

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Account # \_\_\_\_\_ How Long? \_\_\_\_\_

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Account # \_\_\_\_\_ How Long? \_\_\_\_\_

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Account # \_\_\_\_\_ How Long? \_\_\_\_\_

# Tolpa's Auto Parts Credit Application



The undersigned herein makes an application to of Tolpa's AutoParts for credit. By the signature below: this application is made with the understanding and agreement that:

1. I certify that all the information supplied on or concerning this application is true and correct.
2. I agree to all terms stated on Tolpa's Auto Parts Auto sales invoice.
3. I authorize any bank, supplier, or agency to furnish account information and payment experience on any accounts in my name and/ or the company. I further hold harmless and release from all liability, such references and Tolpa's AutoParts for providing said information.
4. If credit is granted, I agree to pay all invoices when rendered.
5. In the event payment is not made and this account is referred to a collector for collection, I agree to pay all cost of collection. If suit or action by attorneys is instituted, I promise to pay reasonable attorney's fees in said suit or action.
6. Prospective customer understands that all billing, Accounts Receivable, and credit functions of Tolpa's Auto Parts are processed through headquarters in Remsen, NY.
7. I agree to pay all invoices on the 10th of the month following invoice date. I agree to pay interest at 1.5% per month late charge on all invoices not paid after 30 days of invoice date. Payment of the late charges is not an alternative to payment by the due date.
8. For value received, and to Tolpa's Auto to extend credit to the business named above, I guarantee payment of all indebtedness or liability incurred by said business. This guarantee binds my heirs, personal representatives, successors and assigns.

Signature of:

Owner or Officer:

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Note: Person signing this must have their complete personal information listed on page one.)



## Blanket Sales Tax Exemption Certificate

Issued to: (Seller) Tolpa's Auto Parts.

I certify that:

# Tolpa's Auto Parts Credit Application

Name of Firm: (Purchaser) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ e-mail Address \_\_\_\_\_

is engaged as a registered :  
\_\_\_\_\_ Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Manufacturer \_\_\_\_\_ Lessor  
is registered with the state of \_\_\_\_\_ within which your firm would deliver  
purchases to us and that any such purchases are for:  
\_\_\_\_\_ Purchased for resale \_\_\_\_\_ Purchased for leasing \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Incorporation as an ingredient or component part of a new product manufactured  
for sale.

We are in the business of wholesale, retailing, manufacturing, leasing the following:

\_\_\_\_\_

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to Sales of Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General Description of Products to be purchased from the Seller:

\_\_\_\_\_

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner, or Corporate Officer)

X \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

State Registration Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

I agree to pay all invoices on the 10th of the month following invoice date. I agree to pay interest at 1.5% per month late charge on all invoices not paid after 30 days of invoice date. Payment of the late charges is not an alternative to payment by the due date.

I also understand and agree that Tolpa's Auto Parts has our permission to conduct a credit investigation including but not limited to bank and trade references, and credit bureaus. If this account goes out of terms, we agree that Tolpa's Auto Parts may assess us, and we agree to pay, reasonable late charges (not to exceed 2% per month, as permitted by law), attorney fees, collection agency fees and other costs associated with their collection efforts.

## Tolpa's Auto Parts Credit Application

In consideration of Tolpa's Auto Parts extending credit to the Company shown on this application, the undersigned jointly and severally agree to be personally liable for the payment of any amounts owing to Tolpa's Auto Parts. Also, the undersigned agree that if this account goes out of terms, Tolpa's Auto Parts may apply charges to the following credit card account which is in the name of the undersigned.

MASTERCARD/VISA/DISCOVER \_\_\_\_\_ Exp. Date \_\_\_\_\_

By: (signature) \_\_\_\_\_ Date \_\_\_\_\_

We anticipate we will require a Credit Line of \$ \_\_\_\_\_ to handle our purchasing levels.