

# Arizona Auto & Truck Parts

2021 W. Buckeye Rd. Phoenix, Arizona 85009 602.253.5111

*"Since 1919, Auto Recycling at It's Best!"*

## AGREEMENT AND APPLICATION FOR CREDIT

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

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

Addresses of other locations: \_\_\_\_\_

\_\_\_\_\_

If more than one location, are separate accounts desired? \_\_\_

Type of Business: \_\_\_\_\_

Length of time in Business: \_\_\_\_\_

Type of Ownership: Corporation\_\_\_ Partnership\_\_\_ Individual\_\_\_

State Resale License No.: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

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

Do you require Purchase Order Number? \_\_\_\_\_

Accounts Payable Bookkeeper: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Principal Owner(s):

Full Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

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



Bank Reference:

Bank Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_

Credit References:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ FAX Number: \_\_\_\_\_

I understand all charges will be paid the 10<sup>th</sup> of the month following purchase (unless otherwise stated on the invoice).

This credit application is given to secure open account on NET 10<sup>th</sup> PROX. Terms. Any balance not paid by the 25<sup>th</sup> will result in C.O.D. status. If buyer fails to make payment when due, buyer shall incur a late charge on the unpaid balance at the end of the month at the highest rate of interest permitted by law, but in no event in excess of 18% per annum. The undersigned hereby certifies to the accuracy of the statement set forth in the application, agrees to pay the late charges set forth above and all collection costs and attorney's fees. Principle owner or corporation president assumes personal liability for any debt incurred by any purchasing agent or buyer employed by the company receiving credit terms under this contract.

Other terms and conditions of sale are printed on each invoice.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE ACCEPTED. NO EXCEPTIONS.

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

\_\_\_\_\_  
*Signature of Officer or Partner*      *Title*

*Printed Name of Signer*