

Grade A / AllState Auto Parts
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

*BUSINESS CONTACT INFORMATION

*******PLEASE PRINT CLEARLY FOR FASTER PROCESSING*******

*Company name:

*Phone:

*Fax:

E-mail:

*Registered company address:

*City:

*State:

*ZIP Code:

Date business commenced:

Tax Exempt#:

Sole proprietorship:

Partnership:

Corporation:

Other:

*BUSINESS AND CREDIT INFORMATION

*Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

*BUSINESS/TRADE REFERENCES (2 MIN REQUIRED)

*Company name:

*Address:

*City:

*State:

*ZIP Code:

*Phone:

*Fax:

E-mail:

Type of account:

*Company name:

*Address:

*City:

*State:

*ZIP Code:

*Phone:

*Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

***REQUIRED FIELD-MUST BE FILLED OUT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Algar, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: