



# Credit Application for Business Account

What type of account would you like to obtain? \*

Net 30 charge account

COD account

## Business Information

Company Name \*

DBA (if different)

Phone Number \*

Format: (000) 000-0000

Mobile Number

Format: (000) 000-0000

Fax Number

Format: (000) 000-0000

Email \*

example@example.com

Billing Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Shipping Address

Same as billing

Shipping Information \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Type of Company \*

- Corporation
- Partnership
- Limited Liability Company
- Sole Proprietorship
- Municipality

Estimated Monthly Purchase Volume \*

Date Business Established \*

--	--

# of Employees \*

Federal Tax ID# (EIN) or SSN \*

--	--

Sales Tax ID# \*

--

Sales Tax Exempt? \*

Yes

No

Upload Pennsylvania Tax Exempt Certificate (REV-1220)

Attach certificate (REV-1220) if applicable

## Business and Credit Info

Accounts Payable Contact — First Name \*

Last Name \*

--	--

Accounts Payable Phone \*

Accounts Payable Fax

--	--

Format: (000) 000-0000

Format: (000) 000-0000

A/P E-mail \*

--

example@example.com

Owner's First Name \*

Owner's Last Name \*

--	--

Owner's SSN or EIN \*

Owner's Phone Number \*

--	--

Format: (000) 000-0000

Owner's Email \*

--

example@example.com

**Owner's Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**Bank Name \***

**Bank Phone Number \***

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Format: (000) 000-0000

**Bank Contact — First Name \***

**Last Name \***

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Bank Contact Email \***

example@example.com

## Business References

**Reference 1**

**Company Name \***

**E-mail \***

**Phone Number \***

**Fax Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**Reference 2**

**Company Name \***

**E-mail \***

**Phone Number \***

**Fax Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

## Agreement — Business Agreement

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of NET 30 for charge accounts and pre-payment/upon delivery for COD. I also agree and accept that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to

provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 1½% per month finance charge. The applicant further agrees to pay all collection fees in the event of default, if the account is placed with a collection agency or attorney.

**Print Name \***

**Applicant's Title \***

--	--

**Signature \***

--

**Date \***

--

MM / DD / YYYY

## Personal Guarantee

I, the undersigned, hereby agree to be personally liable for all amounts owed to Chuck's Auto Parts Solutions ("the Company") by the business applicant. By signing below, I acknowledge and agree that this Personal Guarantee is an absolute, continuing, and unconditional guarantee of payment. If the business applicant fails to pay any balance when due, I understand that I am personally responsible for the full amount owed, including any collection costs, legal fees, and interest permitted by law.

I further affirm that I am authorized to execute this guarantee and that I am signing it willingly, with full understanding of the obligations and liabilities it creates.

**Print Name**

**Applicant's Title**

--	--

**Signature**

--

**Date**

--

MM / DD / YYYY

*\* Required fields*