

# **FREEZER'S AUTO PARTS**

## **BUSINESS CREDIT APPLICATION**

Business Name: \_\_\_\_\_

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

\_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Corporation  Sole Proprietor  Other  \_\_\_\_\_

Tax Exempt? Yes  No  (if yes, please fill out exemption form for our files)

Exemption Number: \_\_\_\_\_

Do you Require Purchase Order Numbers on Invoices: Yes  No

Any Special Requirements Concerning Invoicing/Statements/Mailing/Emailing? Yes  No

if Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Monthly Credit Limit Needed/Desired: \_\_\_\_\_

# **CREDIT REFERENCES**

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

Account Number: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Email address or Fax Number to Send Credit Reference Form: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Email address or Fax Number to Send Credit Reference Form: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Email address or Fax Number to Send Credit Reference Form: \_\_\_\_\_

Dear Customer: Our terms are net 30 days. A finance charge of 1.5% will be charged monthly on all balances over 60 days past due. Please let us know if you have any questions concerning our policies and make us aware of any special requests or billing instructions. All fields on this application must be accurate and complete, including the reference fax number and/or e-mail addresses, or we will be unable to process.

***Thanks for choosing Freezer's!***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_