



## Credit Application for:

Doug's Auto Parts

Type of Application: New Credit  Reinstatement/Renewal  Increase of Credit Limit

Circle One: Individual Partnership Corporation # of Years in business \_\_\_\_\_

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of Owner/President/Accounts Payable Manager: \_\_\_\_\_ Date \_\_\_\_\_

The above information is given for the purpose of obtaining credit and is warranted to be true. I/ we hereby authorize Doug's Auto Parts, and their agents to investigate the references listed pertaining to my / our credit and financial responsibility, and utilize the information provided as needed in the credit approval process. Doug's Auto Parts has the right to limit the amount of credit extended. Doug's Auto Parts reserve the right to change any account to C.O.D. basis for failure to observe our credit policy as stated.

If you are a corporation applying for credit, please list person(s) responsible for guaranteeing

Payment of account: \_\_\_\_\_

Owner's President's Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Accts. Payable Mgr. Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of Business: Collision  Mechanical  Recycler  Dealer

Continued on page 2

Page 2 **Doug's Auto Parts Credit Application**

Bank \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Please list three (3) businesses with which you currently have a charge account. Please include the **COMPLETE** address, phone and fax numbers.

**#1 Business Name**

\_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**#2 Business Name**

\_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**#3 Business Name**

\_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**COLLECTION EXPENSE:** Any expenses accrued to recover payment of delinquent accounts will be the responsibility of the applicant.

Charge Account Agreement:

**We agree as follows with respect to all purchases charged by Doug's Auto Parts charge account:**

- To pay for all Purchases within 30 Days from month end
- We Authorise Carcone's Auto Recycling to obtain any credit information required to open this account.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to 613-542-2908