



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 Doug's Auto Parts to obtain any credit inform on required to open this account.

Signed: _____ Print: _____ Date: _____

Please fax completed form to 613-542-2908