



PHONE: 937/743-3000
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725 PLEASANT VALLEY DRIVE
SPRINGBORO, OH 45066-1158

E-MAIL: sales@parts-express.com

APPLICATION FOR CREDIT

Date: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Years at Location: _____ Years in Business: _____

Ownership: Proprietorship _____ Partnership _____ Corporation _____

Taxpayer ID # (FEIN or SSN): _____

Web Site: _____

Owners(s) Name(s): _____ Home Phone: (_____) _____

_____ Home Phone: (_____) _____

Accounts Payable Contact: _____ E-Mail Address: (_____) _____

Accounts Payable Manager: _____

Trade References: (Please list complete addresses for a minimum of 4 references with whom you have a credit account. Please include FAX numbers. Listing firms that will promptly release information by fax will expedite application processing.)

1. _____ 2. _____

Account #: _____ Account #: _____

Ph #: (_____) _____ Ph #: (_____) _____

Fax #: (_____) _____ Fax #: (_____) _____

3. _____ 4. _____

Account #: _____ Account #: _____

Ph #: (_____) _____ Ph #: (_____) _____

Fax #: (_____) _____ Fax #: (_____) _____

Bank Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: (_____) _____ Account Number: _____

Type of Business: Retail _____ Wholesale _____ Manufacturing _____

Installation _____ Repair _____ Other (specify) _____

Annual Sales: Less than 100,000 _____ 100,000 - 499,000 _____

500,000 - 999,000 _____ 1 Million - 5 Million _____

5 Million - more _____

Amount of Credit Desired (monthly): Less than \$100 _____ \$100 - \$299 _____ \$300 - \$499 _____

\$500 - \$999 _____ \$1,000 - \$2,499 _____ \$2,500 + _____

I hereby declare that the information given on this application is complete and accurate. I understand and agree that payment terms are NET – 30 days (Calculated from invoice date.) I acknowledge that Parts Express reserves the right to charge interest at a rate of 1.5% per month or the maximum rate allowed by law on all balances not paid within the above stated terms. I agree to pay, in addition to any delinquent amounts and interest charges thereon, collection or attorney's fees equal to 30% of the delinquent balance, or the maximum allowed under state law, whichever is less. By signing, I hereby give my authorization to release any information pertaining to my bank account(s) and/or any trade references to Parts Express Int'l, Inc.

Officer Signature: _____ Date: _____

Print Name and Title: _____

FOR OFFICE USE ONLY:

Reviewed by: _____ Date: _____

_____ Approved \$ _____ Limit: _____

_____ Declined (give reason): _____

_____ Additional references required: _____

_____ Additional information required: _____