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CREDIT APPLICATION

Business Name: _____ Acct#: _____
Registered business address: _____
Delivery Address (if different): _____ City: _____
Postal Code: _____ Phone #: () _____ Fax #: () _____
PST # _____ Date Business Established: _____
Employees: _____ Annual Sales _____ Email: _____
Business Number (BN#): _____ PO# Required Yes / No

Nature of Business: Body Shop () Rebuilder () Reseller () Mechanic ()
Type of Organization: Corporation () Partnership () Proprietorship ()

List Full Names and Titles of all Officers, Partners and Owners:

Name: _____ Name: _____
Position: _____ Position: _____

Contacts:

Accounts payable: _____ Parts ordering: _____

References:

Bank Name: _____ Account #: _____
Bank Address: _____ Phone #: _____ Fax #: _____

Company Name: _____ Phone #: _____ Fax #: _____
Company Name: _____ Phone #: _____ Fax #: _____
Company Name: _____ Phone #: _____ Fax #: _____

I agree that APT may verify credit information, including requesting reports from credit reporting agencies and hereby consent to the obtaining of such reports.

Signature: _____ Name: _____ Date: _____
Driver License #: _____

Please provide one of the following:

1. Valid credit card information: check the box to allow for automatic charge on the 15th

Credit card #: _____ Exp. Date: _____ CVC: _____
Name as it appears on CC. _____
Billing Address _____

2. Personal Guarantee:

In consideration of APT Auto Parts Trading Co. Ltd. (hereinafter called "The Company") extending credit to _____ (hereinafter called "The Customer"), I/We the undersigned do jointly and severally, hereby guarantee to The Company its successors and assigns full and complete payment of all trade debts owing now or which shall at any time hereafter become due The Company by The Customer.

Signed, Sealed and delivered this ____ Day of _____, 20__.

Name: _____ Signed (Guarantor): _____

Name: _____ Signed (Guarantor): _____

Witness (Name and signature): _____

For Office Use Only

