

A.P.T. Auto Parts Trading CO. LTD.

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CREDIT APPLICATION

Business Name: _____ Acct#: _____
Registered Business Address: _____
Delivery Address (if different): _____ City: _____
Postal Code: _____ Phone #: (____) _____ Fax #: (____) _____
PST/RST # _____ Business Number (BN#): _____ Date Business Established: _____
Employees: _____ Annual Sales _____ Po# Required? Yes / No
Parts E-Mail: _____ A/P E-Mail: _____

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: _____ e-mail: _____ Fax #: _____
Company Name: _____ e-mail: _____ Fax #: _____
Company Name: _____ e-mail: _____ 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 #: _____

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Please provide at least one of the following:

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

Credit card #: _____ Exp. Date: _____ CVC: _____

Name as it appears on CC. _____

Billing Address _____

2. **Joint and Several Agreement:** Not mandatory, it will help in obtaining credit terms.

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 to The Company by The Customer.

Signed, Sealed and delivered this _____ Day of _____, 20 _____

Name: _____ Signed (Guarantor): _____

Name: _____ Signed (Guarantor): _____

Witnessed by: (Name and Signature) _____

For Office Use Only

