



Credit Application

Tennessee's Leader in Used Auto Parts

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Federal ID# or Social Security # _____ Year in Bus: _____

Please Circle one: Corporation Proprietorship Partnership

List all principal Officer, partners or Owners

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Bank Information:

Name of Bank: _____ Account # _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Present major Suppliers

Company Name: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ Acct# _____

Company Name: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ Acct# _____

Company Name: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ Acct# _____

I/We understand that Invoices are payable net 10th of the month following the purchase and any Invoice not paid in 10 days will be considered PAST DUE and our account will be put on a C.O.D. Status until account is paid in full. Any invoices past 90 days will be turned into collections and account will be terminated.

I/We understand that in case of legal action is required to collect on any outstanding invoices under this agreement the customer will pay all legal cost incurred. Together with any additional sums as the court deems reasonable.

I/We understand that if a check is returned to Raceway Auto Parts (R.A.P.) by the customers bank for any reason, a return check charge of \$30.00 will be applied to the customer. The customer will be required to replace the returned check with CASH or Certified Funds. No exceptions.

Authorized Signature (Pres, C.E.O./Owner)

Print Name

Title

Date