



# CAR PARTS WAREHOUSE, INC.

5200 West 130th Street • Brook Park, Ohio 44142  
 Phone: 216-676-5516

Fax: 216-676-5516 M  W

Acct.# \_\_\_\_\_

Store# \_\_\_\_\_

LEGAL COMPANY NAME	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/> <small>(PLEASE CHECK ONE)</small>	SOLE PROPRIETOR <input type="checkbox"/>	YEARS IN BUSINESS
DBA (IF ANY)	E-MAIL ADDRESS		TELEPHONE NUMBER / FAX NUMBER	
ADDRESS	CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY		STATE	ZIP CODE

### PRINCIPALS, OWNERS, OR PARTNERS (NAME OF PARENT COMPANY IF SUBSIDIARY)

NAME			NAME		
HOME ADDRESS			HOME ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DATE OF BIRTH	SOCIAL SECURITY NUMBER	

### TRADE AND OTHER CREDIT REFERENCE

PRIMARY BANK			CHECKING ACCT. #	CONTACT	
ADDRESS			SAVINGS ACCT. #	TITLE	
CITY	STATE	ZIP CODE	LOAN #	TELEPHONE NUMBER	
TRADE REFERENCES			ACCOUNT NUMBER	CONTACT	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER	
TRADE REFERENCES			ACCOUNT NUMBER	CONTACT	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER	
TRADE REFERENCES			ACCOUNT NUMBER	CONTACT	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER	

ATTACH THE MOST RECENT TWO YEARS' FISCAL YEAR-END STATEMENT, INCLUDING BALANCE SHEET, INCOME STATEMENT, AND NOTES TO STATEMENT

FEDERAL ID #

TAX EXEMPT  
 YES  NO   
(IF EXEMPT, COMPLETE REVERSE SIDE)

P.O. REQUIRED  
 YES  NO

### CREDIT CARD

Visa  Mastercard  Exp. Date \_\_\_\_\_

By furnishing us with your credit card information, you will have instant credit. We will not charge your card for purchases. However, if your account is 30 days past due, you authorize Car Parts Warehouse to charge that balance to this credit card.

This credit application is given to secure open account credit. The information contained herein is correct, complete and true. In consideration of this extension of credit by seller, the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due seller by buyer.

It is the responsibility of the buyer to inform the seller of any changes in personnel who are the buyer's "authorized purchasing agents". The buyer agrees to be liable for the purchaser price of all items from the seller by any individual whom the buyer has designated, in writing or otherwise, to be an "authorized purchasing agent", until such time as the seller receives written notification from the buyer that such individual is no longer authorized to be an "authorized purchasing agent" for the buyer. The buyer does understand that if a change of ownership or any bulk transfer is completed all outstanding balances must be paid by the original buyer, or all parts returned to seller.

I/we as applicant(s) for credit authorized you to obtain such information, personal and business, as you may require from the bank and trade references given in the above application which is furnished by me/us for the purpose of obtaining credit, and I/we certify that this application has been accurately completed and represents current data.

If this application is approved and credit is extended to me/us by Car Parts Warehouse Incorporated, I/we agree to pay according to the terms of net 10th prox. I/we agree to pay service charge at the rate of 2% per month (i.e. 24% per annum) should my/our balance exceed 30 days and pay all costs of collection including reasonable attorney's fees and Bank N.S.F. fees.

AUTHORIZED SIGNATURE	PLEASE PRINT NAME OF SIGNER	DATE
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### FOR SALES DEPARTMENT USE

SALES TERRITORY	CUSTOMER CLASSIFICATION	SERVING LOCATION	SALES REPRESENTATIVE
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### FOR CREDIT DEPARTMENT USE

CREDIT REPRESENTATIVE	M <input type="checkbox"/> W <input type="checkbox"/>	ORDER REPORTS	LINE OF CREDIT	DATE
			\$	

### BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from

**CAR PARTS WAREHOUSE, INC.**

NAME OF VENDOR

\_\_\_\_\_ on and after

NAME OF VENDOR

\_\_\_\_\_ and certifies that this claim

is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

Resale

PURCHASER MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise

\_\_\_\_\_  
(Please Print Purchaser's Name)

\_\_\_\_\_  
(Please Print Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

\_\_\_\_\_  
(Please Print Purchaser's Address)      City      St.      County

\_\_\_\_\_  
(Please Print Telephone Number)

\_\_\_\_\_  
(By — Signature and Title)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Vendor's License, if any)