

RETURN TO:



8432 W. Central Ave. #13
Sylvania, Ohio 43560
Phone: (419) 841-3746
Fax: (419) 843-4168

CREDIT APPLICATION

Date: _____

Amount of Credit Requested: \$ _____

Estimated Monthly Purchase Amt. \$ _____

Business Type: Sole Proprietorship Partnership Corporation - In The State Of _____

Number of years in business: _____ Number of Employees: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Delivery Address: _____ State: _____ Zip: _____

Forklift Hand Unload Dock Delivery Ground Delivery

Phone: _____ Receiving Hours: _____

Key Personnel:

Owner/Mgr./President: _____ Treasurer/Controller: _____

Purchasing Agent: _____ Accounts Payable: _____

I HEREBY CERTIFY: That we hold valid Seller's Permit No. _____ issued pursuant to the Sales Use Tax Law: that we are engaged in the business of selling: _____

Please show name and address of owners:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: () _____ Phone: () _____

CREDIT INFORMATION:

Bank: _____ Branch: _____ Account: _____

Address: _____ Phone: _____

Visa No. _____ MasterCard No. _____ Discover No. _____

Trade References: Please List Two, with complete address and phone information

1.) Name: _____ Address: _____

City: _____ Zip: _____ Phone No. _____

2.) Name: _____ Address: _____

City: _____ Zip: _____ Phone No. _____

3.) Name: _____ Address: _____

City: _____ Zip: _____ Phone No. _____

PLEASE COMPLETE PAGE 2 FOR CREDIT

PERSONAL GUARANTEE

Please be completed in full or application will not be processed.

I, _____ personally will guarantee any changes made as a result of the credit application on the reserve side should payment not be made in accordance with terms and conditions of sale.

Home Address:

Street: _____

City: _____ State: _____

Telephone No. _____ S.S. No. _____

Spouses Name: _____ S.S. No. _____

___ Renting OR ___ Buying Where Financed?

Address: _____ City: _____ Zip: _____

Your Personal Bank: _____

Savings Acct. #: _____ Branch: _____ City: _____

Checking Acct. #: _____ Branch: _____ City: _____

Signed: _____ Title: _____

TERMS AND CONDITIONS

IN CONSIDERATION OF AUTOBODY PANELS OF OHIO AND ITS SUBSIDIARIES (HEREINAFTER REFERRED TO AS ABP) EXTENDING CREDIT TO APPLICANT, APPLICANT AGREES TO PAY FOR ALL MERCHANDISE DELIVERED TO OR REQUESTED BY APPLICANT FROM ABP. TERMS OF SALE ARE NET DUE NOT LATER THAN THE TENTH OF THAT MONTH WHICH IMMEDIATELY FOLLOWS THE MONTH OF PURCHASE. APPLICANT ACKNOWLEDGES THAT A SERVICE CHARGE IF 1.5% PER MONTH OF ALL SUMS DUE ABP WHICH HAVE NOT BEEN PAID WITHIN TERMS WILL BE CHARGED TO APPLICANT BY ABP AND AGREES TO PROMPTLY PAY SAID SERVICE CHARGE. AN ADDITIONAL SERVICE CHARGE, COMPUTED ON THE SAME BASIS, WILL BE DUE AND PAYABLE EVERY THIRTY (30) DAYS THEREFORE AFTER UNTIL SAID SUMS ARE PAID IN FULL. WAIVER OF ANY ONE OR MORE SERVICE CHARGES SHALL NOT BE DEEMED TO BE A WAIVER OF FUTURE SERVICE CHARGES.

IN THE EVENT THAT ABP COMMENCES LITIGATION OR EMPLOYS ATTORNEYS OR COLLECTION AGENTS IN ORDER TO SECURE PAYMENT OF ANY SUMS DUE FROM APPLICANT, THE APPLICANT AGREES TO PAY SUCH COLLECTION OR ATTORNEY FEES, AND ANY COURT COSTS, IN ADDITION TO ALL OTHER SUMS DUE.

THE UNDERSIGNED WARRANTS THAT THE ABOVE AGREEMENT HAS BEEN CAREFULLY READ AND THAT THE APPLICANT UNDERSTANDS THE SAME.

APPLICANT AUTHORIZES ABP TO OBTAIN CREDIT AND FINANCIAL INFORMATION CONCERNING THE APPLICANT AT ANY TIME AND FROM ANY SOURCE.

PLEASE COMPLETE THE FOLLOWING!

Executed at _____ on this day of _____ 20_____

Applicants S.S.No. _____ Name of Applicant: _____

or Federal I.D. # _____ Signed By: _____ Title: _____

OFFICE USE ONLY:

Credit Limit: _____ ___ Old Account ___ New Account

Approved By: _____

Denied By: _____

Date: _____