

# NEW ACCOUNT APPLICATION

For your convenience, this form may be completed here and then printed.  
Please print legibly and sign at the bottom.

CHARGE ACCOUNT

CASH ACCOUNT

BUSINESS NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ CORP  PARTNERSHIP  PROP

FEDERAL I.D. # \_\_\_\_\_ - \_\_\_\_\_ S.S.N. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ START DATE (Year) \_\_\_\_\_

TAX EXEMPT: NO  YES  "If "YES", please submit sales tax exemption certificate for your state"

INVOICES ARE NOT MAILED. EMAILED  or FAXED  ONLY.

EMAIL STATEMENTS YES  NO  REQUIRE P.O. YES  NO

PROPERTY: OWNED  RENTED  If Rented; Landlord Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME THREE TRADE REFERENCES YOU CURRENTLY HAVE AN OPEN ACCOUNT WITH.

1. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## CREDIT TERMS:

- All accounts are due & payable according to terms stated on your invoice copy.
- Any account with a balance 90 days old will be placed on a C.O.D. basis
- Charge privileges will be reviewed before credit is reinstated
- Finance charges will be charged on all overdue balances at 1.5% per month, 18% per year
- In the event credit is extended, the applicant agrees to pay all costs & expenses (including actual & reasonable attorney fees) incurred by ABS in collection of any outstanding accounts.

I authorize the credit manager of Auto Body Specialties, Inc. to obtain a written or oral report necessary for the purpose of decision on credit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(No application will be considered without a signature.)