

# Truck Parts East

1621 Quail Run  
Charlottesville, VA 22911  
(434) 978-1141 • FAX (434) 974-7244

## CREDIT APPLICATION NEW ACCOUNT INFORMATION FORM

This application must be completed in full and signed by an officer, owner, or partner before open account shipment may be made. Please complete this form as soon as possible and return to the attention of the Credit Manager at the above address. Thank you.

(Legal Name of Business)	(Division of, Affiliate of)	
(Billing Address)	(Shipping Address)	
(City, State, Zip Code)	(City, State, Zip Code)	
(Telephone #)	(Fax #)	(Dunn and Bradstreet #)

## TYPE OF BUSINESS

<input type="checkbox"/> Corporation: Names of Officers _____	(FEIN #) _____
<input type="checkbox"/> Sole Ownership: Name of Owner _____	(FEIN #) _____
<input type="checkbox"/> Partnership: Names of Partners _____	(FEIN #) _____
Number of years in business _____	Number of years at present address _____

## BANK (CHECKING ACCOUNT)

(NAME)	(ADDRESS)			
(CITY)	(STATE)	(ZIP)	(PHONE)	(FAX#)

## BANK (SAVINGS ACCOUNT)

(NAME)	(ADDRESS)			
(CITY)	(STATE)	(ZIP)	(PHONE)	(FAX#)

**CREDIT REFERENCES (FOUR REQUIRED - MUST INCLUDE FAX #)**

1.				
(NAME)		(ADDRESS)		
(CITY)	(STATE)	(ZIP)	(PHONE)	(FAX#)
2.				
(NAME)		(ADDRESS)		
(CITY)	(STATE)	(ZIP)	(PHONE)	(FAX#)
3.				
(NAME)		(ADDRESS)		
(CITY)	(STATE)	(ZIP)	(PHONE)	(FAX#)
4.				
(NAME)		(ADDRESS)		
(CITY)	(STATE)	(ZIP)	(PHONE)	(FAX#)

Signature of this application for open account charge privileges constitutes full acceptance of the terms and condition of purchase stated on all price sheets. Credit is a privilege extended to customers who are consistent in paying their bills on time. If credit is extended beyond our normal payment terms we may exercise our option of assessing finance charges on your account not to exceed the legal maximum. Our payment terms are FROM DATE OF INVOICE, not receipt of invoice or receipt of goods. If your account is past due, we may, at our option, place your account on credit hold and release no shipments until it is in satisfactory condition.

I/We agree to the above terms and conditions and apply for open account privileges.

\_\_\_\_\_

(Name) (Title) (Date)

To: Truck Parts East	CERTIFICATE OF RESALE (BLANKET FORM)
<p>The undersigned hereby certifies that all tangible personal property hereafter purchased by him for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax, Use Tax, or Federal Excise Tax with respect to receipts from the resale of this property to users or consumers.</p> <p>This certificate shall be considered a part of every order which we shall give, unless such order otherwise specifies.</p>	
Purchaser's Name _____	Date _____
Address of Purchaser _____	
City _____	State _____ Zip Code _____
Signature of Purchaser (or Authorized Agent) _____	
State of Registration _____	Sales Tax Exempt # _____