



APPLIANCE PARTS, INC.

CREDIT APPLICATION

THE FOLLOWING INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE.
IN ORDER TO BE CONSIDERED FOR CREDIT, YOU MUST COMPLETE AND SIGN THIS APPLICATION.

PLEASE RETURN THIS APPLICATION TO AUTOMATIC APPLIANCE PARTS, INC. • 2 STAGE DOOR ROAD • FISHKILL, NEW YORK 12524

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS (IF DIFFERENT): _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX NUMBER: _____

RESALE CERTIFICATE NUMBER: _____ C.F.C. CERTIFICATION NUMBER: _____

TYPE OF COMPANY OWNERSHIP: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION

IF INCORPORATED, LIST DATE OF INCORPORATION: _____ NUMBER OF YEARS IN BUSINESS: _____

YEARS AT CURRENT ADDRESS: _____ IS YOUR BUSINESS ADDRESS THE SAME AS YOUR RESIDENCE? _____

PROJECTED ESTIMATE OF MONTHLY PURCHASES: _____

OWNER INFORMATION

NAME/TITLE: _____ SOC. SEC. NUMBER: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

NAME/TITLE: _____ SOC. SEC. NUMBER: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

NAME/TITLE: _____ SOC. SEC. NUMBER: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

(CONTINUED ON OTHER SIDE)

BANK INFORMATION

BANK NAME: _____

BANK ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX NUMBER: _____

BANKING OFFICER AND DEPARTMENT: _____

BANK ACCOUNT(S) HELD: _____ BANK ACCOUNT NUMBERS(S): _____

CREDIT REFERENCES

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX NUMBER: _____

PERSON TO CONTACT: _____ ACCOUNT NUMBERS(S): _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX NUMBER: _____

PERSON TO CONTACT: _____ ACCOUNT NUMBERS(S): _____

TERMS OF SALE: ALL ORDERS ARE INVOICED ON THE DAY OF SHIPMENT AND MAILED AT THE START OF EACH BUSINESS WEEK. A STATEMENT IS MAILED AT THE END OF EACH MONTH. PAYMENT OF THE STATEMENT BALANCE IS DUE IN FULL ON THE 10TH OF EACH MONTH. UNPAID BALANCES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% (18% ANNUAL). FURTHERMORE, ANY INVOICES LEFT UNPAID AFTER A PERIOD OF 60 DAYS WILL AUTOMATICALLY PLACE YOUR ACCOUNT ON CREDIT HOLD AND ALL ADDITIONAL ORDERS WILL BE ON A C.O.D. BASIS UNTIL PAYMENT IS RECEIVED. ALL INVOICES LEFT UNPAID AFTER A PERIOD OF 90 DAYS WILL BE SUBJECT TO COLLECTION BY A COLLECTION AGENCY. IN THIS EVENT, THE UNDERSIGNED AGREES TO PAY ALL REASONABLE COSTS THEREOF INCLUDING ANY COLLECTION OR ATTORNEY FEES.

THE UNDERSIGNED ASSUMES FULL AND ULTIMATE RESPONSIBILITY FOR PAYMENT OF ALL INVOICES GENERATED UNDER THE TERMS AND CONDITIONS OUTLINED ABOVE. IN ADDITION, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION, INCLUDING LEGAL FEES AND EXPENSES INCURRED BY AUTOMATIC APPLIANCE PARTS, INC. IN ENFORCING THE TERMS AND CONDITIONS OF THIS AGREEMENT.

WE CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS CORRECT AND AUTHORIZE THE ABOVE LISTED BANK AND CREDIT REFERENCES TO RELEASE ALL RELEVANT INFORMATION TO AUTOMATIC APPLIANCE PARTS, INC. FURTHERMORE, WE AUTHORIZE AUTOMATIC APPLIANCE PARTS, INC. TO CONDUCT A CREDIT CHECK WITH EXPERIAN BUSINESS CREDIT SERVICES. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

SIGNED: X _____ **DATE:** _____

NAME (PLEASE PRINT): _____ **TITLE:** _____

WITNESS: X _____ **DATE:** _____

DO NOT WRITE IN THIS SPACE

REFERENCES CHECKED BY: _____ **DATE:** _____

DECISION MADE BY: _____ **DATE:** _____