



Credit Application Form

Business Information

Name of Business: _____

Articles of Incorporation. Date of Incorporation: _____ Incorporation #: _____

Business Address: _____

Mailing Address:
(If different from above)

Business Telephone #: _____ Cell #: _____ Fax #: _____

Name of Owner/Principal Officers: _____

Telephone # _____ Cell #: _____ Drivers License: _____

Banking Information

Name of Bank: _____ Account #: _____

Address: _____ Telephone #: _____

Credit References – List 3 of your present Suppliers. Include the Full Business Name and Addresses

Supplier Name: _____ Telephone #: _____

Address: _____

Supplier Name: _____ Telephone #: _____

Address: _____

Supplier Name: _____ Telephone #: _____

Address: _____

THE UNDERSIGNED AGREES, IN THE EVENT OF DEFAULT OF TERMS OF PAYMENT (NET 30 DAYS), TO PAY INTEREST ON SERVICE CHARGES OF THE UNPAID BALANCE AT A RATE OF TWO PERCENT MONTH OR TWENTY-FOUR PERCENT ANNUM UNTIL THE BALANCE IS PAID IN FULL.

Signature _____ Position _____ Date _____

Authorized (Dom's Auto Parts) _____ Date _____