

BENZEEN AUTO PARTS	CRF	ΕΠΙΤ ΔΡ	PI IC		
BENZEEN AUTO PARTS CREDIT APPLICATION FORM — A Please save a copy of this form to your private computer for your records before sending.					
Fill-out and sign this document electronically with	n Adobe A	crobat. Download fo	or free here:	https://get.adobe.c	com/reader/
BUSINESS & APPLICANT INFORMATION DESIRED CREDIT AMOUNT: \$					
IF YOUR BUSINESS HAS MULTIPLE LOCATIONS CHECK THIS BOX: \Box AND ALSO FILL OUT FORM – $\mathbb C$					
Business Name:		Fede	ral Tax ID:	:	
If DBA (Doing Business As) Please List:					
Phone#: Fax#:		E-Mail:			
Billing Address:					
Shipping Address:					
City:	State	:	Zip Cod	le:	
Is your business exempt from sales tax? Yes No Tax Permit#:					
If Yes, please fill Tax Permit# ar		a copy of your Ta	ax Exempt	ion Certificate.	
Do you require purchase orders?					
Business Type:	ate Esta	blished:		Year	s in Business:
Area of Sales:	rea of Sales: Estimated Annual Sales:				
OWNER/PRINCIPAL INFORMATION					
Name: Title:		DOB:		SSN#:	
Phone#:	E-Mail:				
Name: Title:	_	DOB:		SSN#:	
Phone#:	E-Mail:				
CREDIT/BUSINESS REFERENCES					

CREDIT/BUSINESS REFERENCES					
Name:		Phone#:		Fax#:	
Addres	s: City		State:	Zip C	Code:
Name:		Phone#:		Fax#:	
Addres	s: City		State:	Zip C	Code:
Please continue on next page.					



Continued from CREDIT/BUSINESS REFERENCES					
Name:		Phone#:	Fax#:		
Address	S: City:		State: Zip Code:		
BANK/CREDIT UNION REFERENCES					
Name:		Phone#:	Fax#:		
Address	s: City:		State: Zip Code:		
Name:		Phone#:	Fax#:		
Address	S: City:		State: Zip Code:		
Has your company or any of its' principals ever filed for bankruptcy protection?					
If Yes, Please explain in a separate document and include with this form.					

The applicant authorizes that all information entered in each field is legitimate and accurate. The applicant grants permissions to Benzeen Auto Parts to run independent credit reports and other information from the given banks and references, and authorize the credit references and bank references to release information to Benzeen Auto Parts that may be considered to determine for credit worthiness. **The applicant agrees to pay all bills rendered. Our credit procedure is payment in full by the 15th of the month following through to the last day of the month.** Any past due account is subject to being placed on "C.O.D." until further payment is received. Repetitive tardy payments may result in revoked charging privileges. The applicant acknowledges and agrees to pay a 2.0% per month service fee that can be charged on balances not paid within the dictated terms. The applicant agrees to pay all collection costs, including actual out-of–pocket expenses. A 30% collection fee is collected through an agency or attorney. California will govern all contracts entered between the applicant and Benzeen Auto Parts. All disputes may be resolved within a California State Court.

Date:		Company/Business:		
Name & Title:		Signature:		
	(Please print clearly.)	(Sign with Adobe Reader Fill & Sign or manually print, sign and scan.)		
Please proceed to $FORM - B$ and also fill-out $FORM - C$ if your business has multiple locations				
FOR BENZEEN AUTO PARTS OFFICIAL USE ONLY				
CREDIT LINE		FOR AMOUNT: \$		
Date:		Signature:		