



CREDIT APPLICATION

Business Name _____
D/B/A _____ Line of Credit Requested _____
Phone (____) _____ Fax (____) _____
Address _____ City _____ State _____ Zip _____
Shipping Address _____ City _____ State _____ Zip _____
Former Business Address _____
Federal Tax ID# _____ Type of Business _____
Date Established _____ How long in Business? _____
Does State, County, or City require a license? _____ If yes, Lic. # _____
(Must send copy of certificate) **Salesman** _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
(Name) (Title) (S.S. #)

PRINCIPAL: _____
(Name) (Title) (S.S. #)

TRADE REFERENCES: MUST HAVE 5 OR MORE REFERENCES TO BEGIN PROCESS

NAME	ADDRESS	PHONE #	FAX#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

If incorporated, list board members: Chairman:
1.
2.
3.



BANK REFERENCES

_____	_____	_____
Name & Contact	Address & Phone	Acct#
_____	_____	_____
Name & Contact	Address & Phone	Acct#
_____	_____	_____
Name & Contact	Address & Phone	Acct#

No. of Employees _____ Est. Annual Sales _____ Sales Area _____

Has this firm or any of its principals ever been Bankrupt? _____
If yes, explain: _____
Mortgage holder/landlord address/phone _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether of not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Any action to enforce payment on account against the applicant named herein shall be governed by and construed in accordance with the laws of the state of Louisiana without regard to the conflicts-of-laws rules thereof.

Name of Business: _____

Print Name: _____ Title: _____

Signature: _____

Print Name: _____ Title: _____

Signature: _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION



DATE _____

To Whom It May Concern:

The undersigned has made application to Pars Auto Parts, Inc. for a commercial credit line, and hereby authorizes Pars Auto Parts, Inc. to obtain from any credit reporting agency any credit report relating to the undersigned which Pars Auto Parts, Inc. may deem necessary for evaluating the commercial credit line requested by the undersigned.

The undersigned hereby authorizes any bank, or other lender or grantor of credit to provide Pars Auto Parts, Inc. information regarding the character, reputation, financial responsibility and indebtedness of the undersigned as requested by Pars auto Parts, Inc. for the purpose of evaluating the commercial credit request of the undersigned.

The undersigned hereby releases Pars Auto Parts, Inc. and any lender or grantor of credit from any and all claims or causes of action that may arise or which he/she might have by reason of information furnished Pars Auto Parts, Inc. by a credit reporting agency or by a bank or other lender or grantor of credit.

Business Names/Trade Style

Signature



**Pre-authorized Payment (Debit) Service
Authorization Agreement For:**

Pars Auto Parts, Inc.

Company/Employer Name

Company ID Number

I (we) authorize the above COMPANY and the financial institution listed below to electronically debit my (our) Checking-Savings Account Specified below.

Bank Name

Branch Location

City

State

Zip

Bank Transit Number

Account Number

This authority is to remain in full force and effect until COMPANY and BANK have received written notification for me (or either of us) or its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by COMPANY, upon request, to the BANK.

Employee Name (Please Print) ID Number

Signature/Date



Personal Guarantee

In consideration for **Pars Auto Parts, Inc.** extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to **Pars Auto Parts, Inc.** by the business identified below whether said sums are due under open account, contract or other.

It is understood and agreed that credit, if extended, it to be on a continuing basis and any exceed estimated maximum credit limit required as stated in the credit agreement between **Pars Auto Parts, Inc.** and the business. **Pars Auto Parts, Inc.** shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waive demand, notice of default and any extension of time or any forbearance which may be extended by **Pars Auto Parts, Inc.**

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by **Pars Auto Parts, Inc.** Said notice shall specify the date on which this guarantee is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Any action to enforce payment on account against the applicant named herein shall be governed by and construed in accordance with the laws of the state of California without regard to the conflicts-of-laws rules thereof.

Date

Name of person guaranteeing payment and consenting to jurisdiction and venue (NO TITLE)

Home Address

Home Phone

S. S. #

Signature of person guaranteeing payment and consenting to jurisdiction and venue

Name of business whose account is guaranteed