



43815 S. Grimmer Blvd.,
Fremont, CA 94538
Tel. #(510) 656-6233
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CREDIT APPLICATION

GENERAL INFORMATION

Business Name _____ Date _____
Business Owner's Name _____ Phone No. _____
Address _____ Fax No. _____
City _____ State _____ Zip _____ Date Established _____
Description of Business _____ Resale No. _____
Federal Tax Identification No. _____ P.O. # Required? _____
Estimated Monthly Volume \$ _____

OWNERSHIP INFORMATION

Corporation Partnership Proprietorship Other

Name of owners, principals or officers of responsible party.

Name _____ Name _____
Title _____ Title _____
Residence Address _____ Residence Address _____
City, State, Zip _____ City, State, Zip _____
Phone No. _____ Phone No. _____
Social Security No. _____ Social Security No. _____

BANK REFERENCE

Name _____ Account No. _____ Checking _____ Savings _____
Address _____ Phone No. _____
City, State, Zip _____ Contact Person _____

CREDIT REFERENCES: Give only names with whom you have established credit.

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone No. _____ Phone No. _____

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone No. _____ Phone No. _____

I hereby certify that the above information is true and correct to the best of my knowledge. I personally guaranty payment of all charges according to the terms and conditions as stated by ALLIED AUTO STORES. If I fail to do so, then I agree to pay any late charges, collection expenses, attorney fees or service charges if collection procedures are instituted. I also certify that ALLIED AUTO STORES is authorized to investigate and report to proper persons and bureaus my performance of this account.

Signed _____ Title _____ Date _____

FOR OFFICE USE ONLY

SALESMAN # _____ CHARGE / COD _____ DELIVERY ROUTE _____ PRICING PLAN _____ NEXPART YES /NO