



APPLICATION FOR CREDIT

Please complete entire document for consideration. Completion **does not** guarantee credit will be granted.

We hereby request that Certified Undercar Parts (Certified) extend credit privileges to our company and certify that the information provided below is correct. We agree to meet the terms and conditions set forth below if approved by Certified.

DBA/Firm Name: _____ (Herein after referred to as purchaser)

This Company is a: Corporation Proprietorship Partnership County where fictitious name is recorded: _____

Exact legal name: _____ Federal I.D #: _____

Billing Address: _____ Email Address: _____

Shipping Address: _____ Resale #: _____

How long in business: _____ Phone: (____)____-____ Fax: (____)____-____ Cell:(____)____-____

Premises: Owned Leased Name and address of Mortgager or Landlord: _____

How would you like to receive your statement? E-Office Portal Email US Postal

TRADE REFERENCES: (2 REQUIRED) - PLEASE COMPLETE HIGHEST MONTHLY CREDIT REFERENCES

1. Name: _____ Phone: (____)____-____ Email Address: _____

Address: _____ Contact: _____ Terms: _____

1. Name: _____ Phone: (____)____-____ Email Address: _____

Address: _____ Contact: _____ Terms: _____

Bank Name: _____ Checking: Saving: Account #: _____

Address: _____ Checking: Saving: Account #: _____

City/State _____ Zip: _____ Contact: _____ Phone: (____)____-____

NAME OF OWNERS, PARTNERS, OR CORPORATE OFFICERS *INTERNAL USE ONLY - FILES STORED IN SECURE LOCATION *

1. Title: _____ Name: _____ Phone: (____)____-____ Email Address: _____

Home Address: _____ Town/City _____ State/Zip: _____

Do you own this property? Yes No Social Security #: _____-____-____

2. Title: _____ Name: _____ Phone: (____)____-____ Email Address: _____

Home Address: _____ Town/City _____ State/Zip: _____

Do you own this property? Yes No Social Security #: _____-____-____

TERMS FOR APPROVED CREDIT

- Customer authorizes a complete credit investigation whenever creditor deems necessary
- Invoices become DUE and PAYABLE on the 10th day of the month following purchase. (Monthly accounts)
- Invoices become DUE and PAYABLE on the Friday following the previous weeks purchase (Weekly accounts)
- Our finance charge on past due accounts is a fixed 1.5% per month, which is an annual rate of 18% **(NO EXCEPTIONS)**
- Customer agrees to promptly pay all invoices for merchandise purchased by the customer, or authorized representative/employee of customer. If the account is past due, the customer agrees to pay all finance and collection costs, including reasonable attorney's fees
- If you dispute the accuracy of any invoice, you must notify Certified Undercar in writing within thirty days of the date of the invoice in which the error first appeared. Or the invoice will presumed to be accurate. Customer agrees to pay all research fees associated with locating and reconciling invoices older than sixty days
- If the account remains unpaid after the second billing cycle, subsequent purchases are subject to the terms of C.O.D.

The undersigned agrees to the following TERMS and CONDITIONS

The undersigned individually, in consideration of Certified Undercar Parts (Certified) extending credit to purchaser, do hereby PERSONALLY GUARANTEE Payment in full to Certified of all amounts hereafter owed to Certified by Purchaser, as well as legal fees, should Certified refer the account to attorney for collection. Such GUARANTEE is made each time that Services or Merchandise is ordered on credit from Certified.

I (We) hereby authorize release to Certified of any and all information concerning employment, Checking accounts, savings accounts, and information on all other credit matters that are relevant to this application and agree that Certified may verify this information from time to time. Certified reserves the right to terminate or modify terms of credit without further notice.

Printed: _____ Signature: _____ Title: _____ Date: _____

Printed: _____ Signature: _____ Title: _____ Date: _____

MAIL OR FAX TO: CERTIFIED UNDERCAR PARTS C/O (ACCOUNTS RECEIVABLE) COVINA CA 91723 TEL: 626-974-5600 FAX: 626-974-5630

OFFICE USE ONLY

Salesperson: _____ Weekly: Monthly: Daily: Suggested Credit Line \$ _____ Date: _____