



*West Coast
Office and Warehouse*
2987 Wiljan Court
Santa Rosa, CA 95407-5755
(707) 586-1666
(800) 826-8206 (Inside CA)
(800) 826-8202 (Outside CA)
FAX 707-585-7933

APPLICATION FOR OPEN ACCOUNT CREDIT

Dear Valued Customer,

Our terms for credit at Northeast Imported Parts & Accessories, Inc. are as follows:

1. All orders will be shipped COD until the credit application has been approved.
2. The application process is based on your bank and business references response time which could take up to 4 weeks.
3. Once application is approved, payment is due NET 10th PROX of the month that follows.
4. A late payment service charge of 1.5% will be calculated and applied to balances that exceed the thirty days.
5. A service charge of \$35.00 will be applied for all returned checks.
6. In the event that the authorized signer defaults on the terms of this agreement, signer agrees to pay all legal fees, i.e.: attorney's fee, court cost, and collection processing fees.
7. Please send a copy of your resale certificate along with this application as long as your state requires you to have one.

Name/Address

Business Name:			Tax ID#	
Address:			Resale Cert#	
City:	State:	Zip:	Phone:	

Company Information

Type of Business:		In Business Since:		
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Sole Proprietor <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Owner/Officer#1:		Title:		
Address:	City:	State:	Zip:	Phone:
Owner/Officer#2:		Title:		
Address:	City:	State:	Zip:	Phone:

Bank References

Institution Name:		Account#:	Tax ID#:	
Address:				
City:	State:	Zip:	Phone:	
Account Type:		Checking <input type="checkbox"/>		Savings <input type="checkbox"/>
Contact Person:		Years of Service:		
Phone:		Fax:		



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All business references should be entities you have credit accounts with. **COD, TIRE Co and CAR DEALERSHIP** accounts **cannot be** used as references.

Business References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account#:	Account#:	Account#:

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account#:	Account#:	Account#:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Northeast Imported Parts & Accessories, Inc. in order to verify the information contained herein.

Signature

Date

Print Name & Title

ONLY OWNER OR CORPORATE OFFICER SIGNATURE WILL BE ACCEPTED

FOR OFFICE USE ONLY

Approved by: _____ Limit: _____ Date: _____