



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

Customer # Sales Rep. Date Opened:

COD CUSTOMER APPLICATION

Business Information:

Name of Business:

Other Names Used (DBA):

Business Address: No. of Years in Business:

Telephone #: Fax #:

Type of Business: Resale #: Tax I.D. #:

Legal Form Under Which Business Operates: Corporation Partnership Sole Proprietor

Owners / Officers Information:

Owner / Officer Name: Title:

Address: City: State: Zip:

Owner / Officer Name: Title:

Address: City: State: Zip:

Bank References:

Institution Name: Account#

Address: Phone #:

Fax #:

- Checking
Savings



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**TERMS AND CONDITIONS:**

**The Applicant agrees to the terms and conditions as listed below:**

1. Customer understands that all orders will be shipped COD.
2. In the event that you (if signing for the sole proprietorship or partnership) or you (if signing as a corporate officer on behalf of a corporation) default on the terms of this agreement by means of your check being returned to us for any reason, you agree to pay all legal fees (attorney fees), court costs, and collection fees, and interest due in our effort to collect on the returned check. Accounts having instance(s) of NSF (Non-Sufficient Funds) checks in default of our Terms and Conditions can have account terms changed to certified payment only and or account frozen pending resolution.
3. The applicant hereby given permission to disclose its experiences and rating with the bank indicated above, to Northeast Imported Parts and Accessories Inc. This information is to be used in consideration of granting a COD account to the applicant.
4. Please send a copy of your resale certificate along with this application as long as your state requires you to have one.

**ACCEPTANCE BY AUTHORIZED PERSON OF TERMS & CONDITIONS AS HEREBY SET FORTH.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**\*OWNER OF CORPORATE OFFICER ONLY\***

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**FOR OFFICE USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_