

PLEASE COMPLETE & SIGN BOTH PAGES

TEARAPARTS

USED AUTO AND TRUCK PARTS

6277 E Highway 114
Rhome, TX 76078

(817) 636-0892
Toll Free (844) 483-2727
Fax (817) 259-0997

APPLICATION INFORMATION

Company Name _____
Billing Address _____
City, State Zip _____
Shipping Address (if different then above) _____
City, State, Zip _____
Telephone No. _____ 800 Telephone No. _____
Fax No. _____ Tax Exempt No. _____
Billing e-mail address _____

STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE THE ABOVE COMPANY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS, FROM ANY LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

I understand that I will be liable for payment for sales tax which may become due for failure to comply with the provisions for the state, city, metropolitan transit authority, city transit department and/or county sales and use tax laws and comptroller rules regarding exempt purchases. Liability for the tax will be determined by the price paid for the taxable items purchased or the fair market rental value for the period of time used I understand that it is a misdemeanor to give an exemption certificate to the seller for taxable items which I know at the time of purchase will be used in a manner other than that expressed in this certificate.

AUTHORIZED

SIGNATURE _____

TITLE _____ **DATE** _____

Type of Business

() Sole Proprietorship () Partnership () Subsidiary
() Division () Corporation in State of _____
of years in Business under this name _____ #of Years at this location _____

OWNERSHIP

Name of Owner _____ S.S.# _____
Home Address _____ City/State _____ Zip _____

If more than one owner please list others on separate sheet of paper

REFERENCES

1) Company Name _____ Phone# _____
Address _____ City/State _____ Zip _____
Person to Contact _____ Fax # _____
2) Company Name _____ Phone# _____
Address _____ City/State _____ Zip _____
Person to Contact _____ Fax # _____
3) Company Name _____ Phone# _____
Address _____ City/State _____ Zip _____
Person to Contact _____ Fax # _____

BANK REFERENCE

Bank Name _____ Account # _____
Address _____ City/State _____ Zip _____
Person to Contact _____ Phone# _____
Bank Name _____ Account # _____
Address _____ City/State _____ Zip _____
Person to Contact _____ Phone# _____

Open Line of Credit Policy

All approved credit applications are governed by the following:

- 1) All open account credit terms are net – 10th of the month following date of purchase.
- 2) An interest rate of 1 ½% per month 10% per annum will be assessed on all invoices 60 days or more past due.
- 3) Any account is 60 days past due will be put on C.O.D. status until account is current. This is applicable even if the account is within confines of the credit limit.
- 4) There will be a charge on for each returned checks. Returned checks must be paid in **cash, cashiers check or money order** for the amount of the returned check **plus** the return check charge. **NO EXCEPTIONS.**
- 5) If action has to be taken to collect the amounts due you will be held responsible for all attorney fees, court costs, and any other expenses incurred in collecting the funds.
- 6) Applicant’s signatures attest to financial responsibly, ability and willingness to pay invoices and this Credit Policy.
- 7) Upon acceptance of this application, and by the issuance of an open line of credit, the applicant agrees to abide by the Credit Policies of and to give advance notice of any changes on business structure.
- 8) **This form MUST be returned no later than 30 days from the date received. If not received in the given time your account will be placed on C.O. D. status until received.**

The above terms and conditions are understood and agreed to by:

Company Name _____ Date _____

Authorized Signature _____ Title _____