



BOB'SAUTOPARTS

3032 Butler Pike Conshohocken, PA 19428
Office (484) 342-0470 Office Fax (610) 630-0720

WHOLESALE CREDIT ACCOUNT APPLICATION

Instructions: Please print or type. Fill in all applicable spaces and complete by signing where indicated. If a corporation, the signature must be that of an officer. If a partnership, this application must be signed by all partners.

Owner's Name _____ Office Phone _____

Business Name _____ Parts Phone _____

Address _____ Fax Phone _____

City _____ State _____ Zip Code _____

Accounts Payable Department Manager _____

Statements Emailed Yes () No () _____ (Please provide email address)

Length of time in business _____ Years at Present Location _____

Sales Tax Number _____ Is a Purchase Order Needed? _____

Person(s) Authorized to Buy _____

() **CORPORATION:** Exact Name _____

President _____ Vice President _____

() **PARTNERSHIP:** Registered Name _____

All Partners' Names and Addresses

1) _____ Street _____

City _____ State _____ Zip _____

2) _____ Street _____

City _____ State _____ Zip _____

() **SOLE PROPRIETORSHIP:** Owner _____ SS# _____

Address Street _____

City _____ State _____ Zip _____



BOB'S AUTOPARTS

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TYPE OF CREDIT REQUESTED: () Charge Account () COD, Company Check
() Cash Only

CREDIT LIMIT REQUESTED: \$ _____

BANKING Information:

Name of Bank _____ Branch _____

Address _____ City _____ State _____ Zip _____

Fax _____ Phone _____

CREDIT REFERENCE:

1. Name of Vendor _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____

2. Name of Vendor _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____

3. Name of Vendor _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone _____

I promise to pay my monthly purchases promptly. I further assume responsibility of all bills contacted in my name at the above address. In the event it becomes necessary for Bob's Auto Parts to incur any collection costs or suits to collect under this agreement, the undersigned promises to pay such additional costs of collection and such sum as the court may judge reasonable as Attorney's fee on said suit.

Signature Title Date