

NAME: \_\_\_\_\_

LV: \_\_\_\_\_



## APPLICATION FOR A NET 30 ACCOUNT

Name of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ship to Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Time at Present Location: \_\_\_\_\_ Year Established: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Sales Tax Exempt Number: \_\_\_\_\_

Type of Entity: Corporation LLC Partnership Proprietorship

Company Bank: \_\_\_\_\_

Branch Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of Officers or Partners: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Has the applicant or principle ever filed for bankruptcy? \_\_\_\_\_ If so when: \_\_\_\_\_

Business References: List the name, phone number, fax number, and your account number for the companies which have extended credit to you and with whom you have an open account with.

**\*\*THIS INFORMATION IS REQUIRED FOR ALL CUSTOMERS SEEKING A "NET 30 DAY" ACCOUNT- ANY MISSING DATA WILL DELAY OBTAINING AN ACCOUNT WITH US. \*\***

Name	Phone Number	Fax Number	Account Number

Requested Monthly Limit: \_\_\_\_\_

Are Purchase Orders Required:     Yes             No

Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to receive invoices by email at the time of purchase?     Yes             No

Email Address: \_\_\_\_\_

Would you prefer monthly statements by email or fax?     Email             Fax

Email Address or Fax Number: \_\_\_\_\_

Please list the names of authorized buyers on the account:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE SEND COMPLETED APPLICATION BACK TO ACCOUNTING@TPWUSA.COM

If credit is extended, by signing below, the company agrees to pay for all goods and services purchased from Trailer Parts Wholesale, Inc. on credit, plus any finance charges or other amounts which are due. The company agrees to pay the full amount of each invoice within thirty (30) days of the date of invoice. Any past-due account may be placed on COD without notification. For each invoice not paid within thirty (30) days from the date of invoice, the company will pay a service charge at the rate of 3.00% per month (18% per annual) on the unpaid balance from the date the amounts became due until paid in full, and that the company will pay all costs of collection incurred by Trailer Parts Wholesale, Inc. including, without limitation, its attorney's fees, court costs, and other expenses incurred in collecting the amounts owed to Trailer Parts Wholesale, Inc.

**X**

\_\_\_\_\_  
Authorized Signatory

Title: \_\_\_\_\_ Date: \_\_\_\_\_