

CREDIT APPLICATION

E-mail: excellenttopcarz@gmail.com

Business Name: _____ Acct#: _____
Registered Business Address: _____
Delivery Address (if different): _____ City: _____
Postal Code: _____ Phone #: (____) _____ Fax #: (____) _____
PST/RST # _____ Business Number (BN#): _____ Date Business Established: _____
Employees: _____ Annual Sales _____ Po# Required? Yes / No
Parts E-Mail: _____ A/P E-Mail: _____

Nature of Business: _____ Body Shop () Rebuilder () Reseller () Mechanic ()
Type of Organization: Corporation () Partnership () Proprietorship ()

List Full Names and Titles of all Officers, Partners and Owners:

Name: _____	Position: _____
Name: _____	Position: _____
Name: _____	Position: _____

Contacts:

Accounts payable: _____ Parts Manager: _____

References:

Bank Name: _____	Account #: _____
Bank Address: _____	Phone #: _____ Fax #: _____
Company Name: _____	e-mail: _____ Fax #: _____
Company Name: _____	e-mail: _____ Fax #: _____
Company Name: _____	e-mail: _____ Fax #: _____

Valid credit card information: ☐ check the box to allow for automatic charge on the 15th on the month for the previous month.

Credit card #: _____ Exp. Date: _____

Name as it appears on CC. _____

Billing Address _____

Joint and Several Agreement:

In consideration of APT Auto Parts Trading Co. Ltd (hereinafter called “The Company”) extending credit to
_____ (hereinafter called “The Customer”). I/We the undersigned do jointly
and severally, hereby guarantee to the Company its successors and assigns full and complete payment of all trade debts
owing now or which shall at any time hereafter become due to The Company by The Customer.

Signed, Sealed, and delivered this _____ Day of _____, 20____

Name: _____ Signed (Guarantor): _____

Name: _____ Signed (Guarantor): _____

Witnessed by: (Name and Signature) _____

For Office Use Only

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