

NEW ACCOUNT AND CREDIT APPLICATION



APEX AUTOMOBILE PARTS, INC.

2602 Loma Ave
South El Monte, CA 91733
TEL: 626-433-1297
FAX: 626-433-1296
Email: apex@apexauto.com

Business Name: _____
Address: _____ City, State & Zip: _____
Telephone: _____ Fax: _____ email: _____
Principal(s)/Owner(s): _____
Federal EIN: _____ State Sales Permit No: _____
Ownership Type: Corporation____ Partnership____ Proprietorship____ Other____
Bank: _____ Account No. _____
Address: _____ City, State & Zip: _____
Reference Phone: _____ Fax: _____ Contact: _____

KEY PERSONNEL

President: _____ Phone: _____ E-mail: _____
Vice President: _____ Phone: _____ E-mail: _____
Purchase Manager: _____ Phone: _____ Email: _____
Account Payable: _____ Phone: _____ E-mail: _____
Sales Manager: _____ Phone: _____ Email: _____

REFERENCES (SUPPLIERS, OTHER COMMERCIAL REFERENCES)

Name: _____ Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State & Zip: _____
Name: _____ Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State & Zip: _____
Name: _____ Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State & Zip: _____
Name: _____ Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State & Zip: _____

Applicant authorizes Apex Automobile Parts, Inc. to obtain credit/financial information, and guarantees the full payment of the merchandise ordered and received.

Applicant (Print): _____ Title: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

OK'd By _____ **Date:** _____ **Terms:** _____