

PO Box 627 • Beaverton, OR 97075

800-331-0839

Fax 800-366-5939

www.GenericParts.com



### CREDIT APPLICATION

Confidential Information for Credit Verification.

This form must be fully completed in order to expedite your shipment. Incomplete applications will NOT be processed.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_  
(Street/P.O. Box) (City)/(State) (Zip)

Shipping Address \_\_\_\_\_  
(Street) (City)/(State) (Zip)

Fed Tax I.D. # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Company:  Corporation/State of  Partnership  Sole Proprietorship

President/Partner/Owner
(Street Address)
(City, State, Zip)
(Home Phone)
Controller

Vice President/Partner
(Street Address)
(City, State, Zip)
(Home Phone)
Person to contact _____ regarding payment

Division of Parent Co. \_\_\_\_\_  
 Subsidiary of \_\_\_\_\_

(Street/P.O. Box) (City) (State) (Zip)

Business Type:  Repair Facility  Dealer  End User

Credit Desired per Month \$ \_\_\_\_\_ Date Business Started \_\_\_\_\_

Do you use purchase orders? \_\_\_\_\_ Purchasing Agent \_\_\_\_\_

Is merchandise for resale? \_\_\_\_\_ Resale # \_\_\_\_\_

E-mail Invoices:  E-mail only  Hardcopy only  E-mail & Hardcopy

E-mail Address \_\_\_\_\_

**If an updated credit reference list is not supplied, please complete second page.**

#### TERMS OF SALE

Generic Parts Service, Inc. shall establish the initial terms of sale and adjust the same as it deems appropriate in the circumstances, and the undersigned agrees to pay the amount due, as evidenced by the account, in accordance with such terms. We the undersigned agree to pay Generic Parts Service, Inc. within their terms. By affixing our signatures below, we agree that Generic Parts Service, Inc., in the event of litigation arising out of the agreement, shall be entitled to their recoverable costs and expenses incurred, including Attorney fees.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title) (Date)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title) (Date)



**Bank References**  
(Account Numbers Required)

Checking: Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Phone# \_\_\_\_\_ Acct. #: \_\_\_\_\_

Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Phone# \_\_\_\_\_ Acct. #: \_\_\_\_\_

**Trade References**  
(Contact Information Required)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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

(Street) (City) (State) (Zip)

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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

(Street) (City) (State) (Zip)

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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

(Street) (City) (State) (Zip)

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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

(Street) (City) (State) (Zip)



We have used you as a business reference to setup an account with Generic Parts Service, Inc. Please acknowledge this letter as a release to provide any information to Generic Parts Service.

\_\_\_\_\_  
Authorized Signature REQUIRED

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date