CITY AUTO SUPPLY

South San Francisco

445 Littlefield Avenue, South San Francisco, CA 94080

Phone: (650) 616-4968 Fax: (650) 616-4953

Credit Application

Company Information

Name:					
Address:					
				Zip Code:	
Phone #:		Fax #:			
Ship To Address:	-				
Ship To City:			State:	Zip Code:	
Ship To Phone #:		Fax #: _			
Manager:		Bookkeeper	r:		
Business Start Date:				At Present Location:	Years
California Resale Permit #: _				PO's Required:	Y / N (Please Circle)
Authorized Buyers:					
Status Required: Open	Limit \$	COD, Company Check	Cash _		
Ownership Informatio	<u>n</u>				
Corporation					
Partnership					
Sole Proprietor					
Name:		Title:			
Address:		Home Phone #:			
City:			State:	Zip Code:	
SSN#:					
Name:		Title:			
Address:		Home Phone #:			
City:			State:	Zip Code:	
SSN#:					
Bank Reference					
Bank Name:					
Address:					
City:			State:	Zip Code:	
Phone #:					

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Trade References

Vendor Name:	· · · · · · · · · · · · · · · · · · ·		Account #:	 	
Address:					
				Zip Code:	
Phone #:		Fax	#:		
Account Status:	Open	COD, Company Check	Cash Only		
Vendor Name:			Account #:		
Address:					
				Zip Code:	
Phone #:		Fax	#:		
Account Status:	Open	COD, Company Check	Cash Only		
Vendor Name:			Account #:		
Address:			 		
Phone #:		Fax	#:		
Account Status:	Open	COD, Company Check	Cash Only		

TERMS & CONDITIONS:

- FOR ALL OPEN ACCOUNTS, STATEMENT BALANCES ARE DUE NET 10TH OF EACH MONTH. BALANCES OUTSTANDING AFTER THE NET DUE DATE
 OF THE BILLING MONTH WILL BE CONSIDERED PAST DUE AND ARE SUBJECT TO A 1-1/2 % FINANCE CHARGE (18% PER ANNUM). STATEMENTS
 NOT PAID BY THE 25TH OF THE FOLLOWING MONTH WILL CAUSE THE CUSTOMER'S ACCOUNT TO BE PLACED ON CREDIT-HOLD. ACCOUNTS WITH
 A REPEATED PAST DUE HISTORY WILL BE SERVICED ON A C.O.D. BASIS.
- MERCHANDISE RETURNED AFTER THE 20TH OF THE MONTH WILL BE CREDITED ON THE FOLLOWING BILLING MONTH'S STATEMENT. DO NOT TAKE ANY CREDITS THAT DO NOT APPEAR ON THE STATEMENT.
- CITY AUTO SUPPLY MUST BE NOTIFIED IN WRITING OF ANY OWNERSHIP CHANGES OR YOU WILL BE LIABLE FOR ANY AND ALL UNPAID BALANCES AND RELATED SERVICE CHARGES.
- YOU ARE RESPONSIBLE FOR ANY AND ALL UNCOLLECTABLE BALANCE OWED TO A.E.C. INTERNATIONAL. YOU ARE LIABLE FOR ALL COLLECTION AND ATTORNEY FEES NECESSARY TO COLLECT YOUR OUTSTANDING DEBT.
- YOU WILL PAY A \$20.00 SERVICE CHARGE FOR EACH RETURNED CHECK.

READ CAREFULLY AND SIGN:

- IF YOU ARE A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF YOU ARE INCORPORATED, OFFICERS WHOLE NAMES ARE IN THE OWNERSHIP INFORMATION SECTION MUST SIGN.
- I/WE CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I/WE UNDERSTAND THE TERMS AND CONDITIONS AND
 AGREE. I/WE AUTHORIZE YOU TO VERIFY THE BANK AND VENDOR INFORMATION IN THIS APPLICATION BY OBTAINING ANY INFORMATION
 NECESSARY TO OPEN MY/OUR ACCOUNT.
- IN CONSIDERATION FOR OPEN ACCOUNT OR COMPANY CHECK STATUS, THE UNDERSIGN HEREBY GUARANTEES TO BE PERSONALLY LIABLE
 FOR ALL INDEBTNESS INCURRED BY THIS COMPANY PARTNERSHIP OR CORPORATION THROUGH ANY AND ALL OF ITS AGENTS OR
 REPRESENTATIVES.

Signed:	Date:
Title:	
Signed:	Date:
Title:	
Signed:	Date:
Title:	