

Return To:



8432 W. Central Ave. #13
Sylvania, Ohio 43560
1-419-841-3746
Fax: 1-419-843-4168

CREDIT APPLICATION

Date _____

Amount of Credit Requested \$ _____

Estimated Monthly Purchase Amt. \$ _____

Business Type: Sole Proprietorship Partnership Corporation - In State of _____

Number of years in business _____ Number of Employees _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Delivery Address _____ City _____ Zip _____

Phone () _____ Receiving Hours _____

Forklift Dock Delivery
Hand Unload Ground Delivery

Key Personnel:

Owner/Mgr./President _____ Treasurer/Controller _____

Purchasing Agent _____ Accounts Payable _____

I HEREBY CERTIFY: That we hold valid Seller's Permit No. _____ issued pursuant to the Sales Use Tax Law: that we are engaged in the business of selling _____

Please show name and address of owners:

Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone () _____	Phone () _____

CREDIT INFORMATION

Bank _____ Branch _____ Account Number _____

Address _____ Phone Number () _____

Visa Number _____ Master Card Number _____ Discover Number _____

Trade References: Please list two, with complete address and phone information.

1. Name _____ Address _____
City _____ Zip Code _____ Phone () _____

2. Name _____ Address _____
City _____ Zip Code _____ Phone () _____

Personal Reference: Nearest living relative not living with you.

Name _____ Address _____
City _____ Zip Code _____ Phone () _____

PLEASE COMPLETE PAGE 2 FOR CREDIT

PERSONAL GUARANTEE

Must be completed in full or application will not be processed.

I, _____ personally will guarantee any charges made as a result of the credit application on the reverse side should payment not be made in accordance with terms and conditions of sale.

Home Address: Street _____
City _____ State _____
Telephone No. _____ S.S. No. _____
Spouse's Name _____ S.S. No. _____

Renting or Buying Where Financed? _____
Street Address _____ City _____ Zip _____

Your Personal Bank _____
Savings Acct # _____ Branch _____ City _____
Checking Acct # _____ Branch _____ City _____
Signed _____ Title _____

TERMS AND CONDITIONS

IN CONSIDERATION OF AUTO BODY PANELS OF OHIO AND ITS SUBSIDIARIES (HEREINAFTER REFERRED TO AS ABP) EXTENDING CREDIT TO APPLICANT, APPLICANT AGREES TO PAY FOR ALL MERCHANDISE DELIVERED TO OR REQUESTED BY APPLICANT FROM ABP. TERMS OF SALE ARE NET DUE NOT LATER THAN THE TENTH OF THAT MONTH WHICH IMMEDIATELY FOLLOWS THE MONTH OF PURCHASE. APPLICANT ACKNOWLEDGES THAT A SERVICE CHARGE OF 1½% PER MONTH OF ALL SUMS DUE ABP WHICH HAVE NOT BEEN PAID WITHIN TERMS WILL BE CHARGED TO APPLICANT BY ABP AND AGREES TO PROMPTLY PAY SAID SERVICE CHARGE. AN ADDITIONAL SERVICE CHARGE, COMPUTED ON THE SAME BASIS, WILL BE DUE AND PAYABLE EVERY THIRTY (30) DAYS THEREAFTER UNTIL SAID SUMS ARE PAID IN FULL. WAIVER OF ANY ONE OR MORE SERVICE CHARGES SHALL NOT BE DEEMED TO BE A WAIVER OF FUTURE SERVICE CHARGES.

IN THE EVENT THAT ABP COMMENCES LITIGATION OR EMPLOYS ATTORNEYS OR COLLECTION AGENTS IN ORDER TO SECURE PAYMENT OF ANY SUMS DUE FROM APPLICANT, THE APPLICANT AGREES TO PAY SUCH COLLECTION OR ATTORNEY'S FEES, AND ANY COURT COSTS, IN ADDITION TO ALL OTHER SUMS DUE.

THE UNDERSIGNED WARRANTS THAT THE ABOVE AGREEMENT HAS BEEN CAREFULLY READ AND THAT THE APPLICANT UNDERSTANDS THE SAME.

APPLICANT AUTHORIZES ABP TO OBTAIN CREDIT AND FINANCIAL INFORMATION CONCERNING THE APPLICANT AT ANY TIME AND FROM ANY SOURCE.

Please Complete This Part Also!

Executed At _____ On This Day Of _____
19 _____ Applicants S.S. No. _____ Name of Applicant _____
Or Federal I.D. # _____ Signed By _____ Title _____

OFFICE USE ONLY

Credit Limit _____ Old Account New Account
Approved By _____
Denied By _____
Date _____