

Friction Auto Parts

CREDIT APPLICATION

GENERAL INFORMATION – BUSINESS			
Company Name		Operating as (DBA)	
Business Address		Date	
City		Owners name	
Province		Postal Code	
Phone		Toll free	
Fax		E-mail Address	
Website		Billing address (if different)	
Do you require P.O.?		PST number	
YES <input type="checkbox"/> NO <input type="checkbox"/>		GST Exempt? YES <input type="checkbox"/> NO <input type="checkbox"/>	
How long have you been in your present business?		GST Number	
How long have you been in present location?		HST exempt? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are premises Leased <input type="checkbox"/> Owned <input type="checkbox"/>			
CONTACT INFORMATION – NOT SAME AS BUSINESS			
Owner's Name		Home Phone	
Home Address		Drivers License #	
Please provide Photocopy of drivers' license !!!			
REFERENCE FINANCIAL INSTITUTIONS			
Name		Branch	
		Phone #	
SUPPLIER CREDIT REFERENCES			
<i>Must be filled in FULL</i>			
Name		Address	
		Phone #	
Name		Address	
		Phone #	
Name		Address	
		Phone #	

DECLARATION: The Customer warrants that the above information is true and is given for the purpose of obtaining credit.

Friction Auto Parts ("Friction") acknowledges that the above information is confidential.

The Customer shall pay on demand all costs of and incidental to the preparation and filing of financing statements, renewals, notices and the like in relation to this Agreement and in any proceedings taken to enforce remedies in relation to the Collateral or by reason of non payment of the monies secured by this Agreement.

The Customer hereby acknowledges receipt of a copy of this Agreement and waives the right to receive from Friction a copy of any financing statement, financing change statement or verification statement filed at any time in respect of this Agreement.

All invoices are to be paid within 30 days from the date of the invoice. Credit accounts are subject to a 2% late payment charge for failure to pay within 30 days of statement date. X_____ (Initial)

By submitting this application you authorize Friction Auto Parts to make inquiries into the banking and business/trade reference that has been supplied.

Authorized Signature: _____ Print Name: _____

Position: _____ Date: _____

PLEASE CALL WHEN COMPLETED

Friction Auto Parts
1105 FRANCES ST. LONDON ONT N5W 2L9
Call Mark Procnier Mobile 519-200-6749
Or Store 519-471-6464

Friction Auto Parts

1105 Frances Street London On N5W 2L9
226-219-7140

Credit Card Authorization Form

Please print out and Complete This Authorization form and email back.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

CVC (back of card): _____

I authorize Friction Auto Parts to charge my credit card.

Signed: _____

Dated: _____

Once completed please email to kstolk@frictionautoparts.com