

# ALLIED AUTO STORES

43815 S. Grimmer Blvd., Fremont, CA 94538 Tel. #(510) 656-6233 Fax #(510) 651-2576  
3211 Fostoria Way #E, San Ramon, CA 94583 Tel. #(925) 277-9244

## CREDIT APPLICATION

### GENERAL INFORMATION

Business Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax No. \_\_\_\_\_  
Description of Business \_\_\_\_\_ Date Established \_\_\_\_\_  
Federal Tax Identification No. \_\_\_\_\_ Resale No. \_\_\_\_\_  
Estimated Monthly Volume \$ \_\_\_\_\_ P.O. # Required? \_\_\_\_\_

### OWNERSHIP INFORMATION \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other

Name of owners, principals or officers of responsible party.

Name _____	Name _____
Title _____	Title _____
Residence Address _____	Residence Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____
Email Address: _____	Email Address: _____

### BANK REFERENCE

Name \_\_\_\_\_ Account No. \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Contact Person \_\_\_\_\_

### CREDIT REFERENCES: Give only names with whom you have established credit.

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____

I hereby certify that the above information is true and correct to the best of my knowledge. I personally guaranty payment of all charges according to the terms and conditions as stated by **ALLIED AUTO STORES**. If I fail to do so, then I agree to pay any late charges, collection expenses, attorney fees or service charges if collection procedures are instituted. I also certify that **ALLIED AUTO STORES** is authorized to investigate and report to proper persons and bureaus my performance of this account.

**TERMS : Net 20<sup>th</sup>**

**\$20.00 service charge on all returned checks.**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

SALESMAN # \_\_\_\_\_ CHARGE / COD \_\_\_\_\_ DELIVERY ROUTE \_\_\_\_\_ PRICING PLAN \_\_\_\_\_ NEXPART : YES \_\_\_ NO \_\_\_