

# NEW ACCOUNT APPLICATION

# SPITZ AUTO PARTS / SPITZ HEAVY DUTY

12570 Route 30, Irwin, PA 15642

Phone: (724) 864-2300 Fax: (724) 864-7567

## CREDIT SUMMARY

DATE \_\_\_\_\_

The complete name of your business is: \_\_\_\_\_

d/b/a: \_\_\_\_\_

"Bill To" Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

"Ship To" Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

List Branches, If Any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We operate \_\_\_\_\_ business, established in \_\_\_\_\_.  
(State type and nature of business)

Corporation \_\_\_\_\_ Co-Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Individual Business \_\_\_\_\_

Incorporated in State of \_\_\_\_\_

Parent Company or Affiliates:

\_\_\_\_\_  
\_\_\_\_\_

Our principal owners or stockholders and officers are:

Name Relationship to Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank Information: \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Name Address Phone Contact

\_\_\_\_\_  
\_\_\_\_\_

Please list Principle Sources of Supply below for credit references: (Vehicle Parts References, please)

Name	Address	Phone	Years Doing Business
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_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone	Years Doing Business
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_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone	Years Doing Business
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_____	_____	_____	_____
_____	_____	_____	_____

Accounts Payable Contact at Your Company:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*In the event of default, the undersigned agrees to pay interest at 1.5% per month (18% per year), as well as, all costs incurred in collection including, but not limited to, attorney fees.*

**ALL INFORMATION WILL BE HELD IN STRICTEST OF CONFIDENCE**