

CHECK ONE:

☐ NEW

☐ REVISION

OFFICE USE		
CUST.	ACCOUNT	DATE
TYPE	NUMBER	APPROVED

ACCOUNT APPLICATION

PartsOne NAPA



PLEASE PRINT

D/B/A(SHOW COMPLETE LOCAL BUSINESS NAME)		PHONE NO.	
PARENT COMPANY NAME		Fax No.	
FEIN# (For Corp or business)		SS# (For Individual)	
BILLING ADDRESS-STREET	CITY	STATE	ZIP CODE + 4
CONTACT REGARDING PAYMENT			
TELEPHONE: ()		NAME: TITLE:	
EMAIL:		WEB ADDRESS:	
SHIP TO ADDRESSES (IF DIFFERENT FROM BILLING ADDRESS)		SEPARATE BILLING REQUIRED?	
1		☐ YES ☐ NO	
2		☐ YES ☐ NO	
ADDRESS PAYMENT WILL BE MADE FROM (if different from above)		DATE BUSINESS STARTED (MO/Year)	
COMPANY ORGANIZATION (CHECK ONE)		BUSINESS PROPERTY IS:	
(1) Corporation (2) Partnership (3) Proprietorship (4) Government (5) Other (Explain)		☐ OWNED ☐ LEASED	
CORPORATION'S LOCAL MANAGER OR REPRESENTATIVE (NAME AND HOME ADDRESS)		TELEPHONE NO. FAX NO.	
PARTNERSHIP OWNER'S (NAME AND HOME ADDRESS)	HOME IS:	TELEPHONE NO. FAX NO.	
1)	☐ OWNED ☐ RENTED		
2)	☐ OWNED ☐ RENTED		
3)	☐ OWNED ☐ RENTED		
PROPRIETORSHIP OWNER'S (NAME AND HOME ADDRESS)	HOME IS:	TELEPHONE NO. FAX NO.	
	☐ OWNED ☐ RENTED		
PROPRIETOTSHIP SPOUSE (MAIDEN NAME)		TELEPHONE NO. FAX NO.	
PROPIERTORSHIP NEAREST RELATIVE NOT AT ABOVE HOME ADDRESS (NAME AND HOME ADDRESS)		TELEPHONE NO. FAX NO.	

MAY WE CONTACT YOUR PRINCIPAL SUPPLIERS AND CREDIT REFERENCES REGARDING THIS APPLICATION () YES () NO

LIST YOUR PRINCIPAL SOURCES OF SUPPLY	CITY	STATE	ZIP	TELEPHONE NO.	FAX NO.
1					
2				TELEPHONE NO.	FAX NO.
3					
LOCAL CREDIT REFERENCES WITH WHOM YOU NOWOR HAVE HAD AN OPEN ACCOUNT	CITY	STATE	ZIP	TELEPHONE NO.	FAX NO.
1					
2					
3					

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REQUESTED CREDIT WITH NW COLORADO AUTO AND TRUCK PARTS		MONTHLY:\$	YEARLY:\$
Future discounts will be assessed after minimum purchases of \$500.00 or more for a minimum of three consecutive months.			
WILL YOU USE A PURCHASE ORDER SYSTEM? ()NO ()YES			
YOUR PAYMENT WILL BE MADE			
1() Monthly by statement 2()By Invoice: Frequency_____ 3()Other:Explain_____			
HOW DO YOU WANT TO RECEIVE YOUR STATEMENT?			
EMAIL () PRINT () EMAIL AND PRINT ()			
Statement email address:			
Email open invoice with statement?		yes ()_	no ()
WOULD YOU LIKE TO RECEIVE INVOICES BY EMAIL?		yes ()	no ()
Invoice email address:			
Frequency: Instantly () End of Day () End of week on Sunday ()			
IF EXEMPT, PLEASE COMPLETE EXEMPTION FORM			
TAX STATUS FOR PURCHASES FROM NW COLO. AUTO AND TRUCK PARTS () TAXABLE () EXEMPT			
EXEMPTION NUMBER:			

It is understood that this is an application for open account status for the above business use. The Undersigned applicant does hereby certify that the information given is correct and agrees to permit NW Colo Auto and Truck Parts to use this information for obtaining credit information and agrees to permit NW Colo Auto and Truck Parts to make future inquiry through its normal credit channels as to the financial condition of the applicant and accuracy of the above statements. If, after checking the above information, open account status is given to applicant, it is agreed and understood by NW Colo Auto and Truck Parts, hereafter referred to as the Seller; and the undersigned hereafter referred to as the Buyer as follows: (1) that all purchases made on Open Account will be Paid in Full on or before the 15th of each month. (2) No unpaid account will be increased after the 15th unless by special agreement. (3) It is further understood and agreed that the Buyer assumes the full responsibility for charge purchases made on the account of the Buyer by any of Buyer's employees. (4) Absent written notice from the Buyer to the Seller said employees of the Buyer are acting as agents of the Buyer in making said purchases and the Seller shall have the right to demand payment in full from the Buyer in accordance with these terms.

The above Buyer and applicant agree that if NW Colo Auto and Truck Parts extend credit upon open account, then in consideration for receiving open account status, applicant agrees to pay an additional 1% of purchases per month. In addition to the above, applicant agrees to be liable and pay reasonable attorney's fee plus all cost incurred should legal action be brought to enforce collection.

Company: _____
By: _____
Title: _____

Please Return this application by:
Email: ar@napanwco.com
Mail: PO Box 775709 Steamboat Springs, CO 80477

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PERSONAL GUARANTEE

The undersigned agrees to be Personally and individually liable to NW Co. Auto and Truck Parts for any default in the above provisions by the applicant, including personal liability for all costs, interests, and attorney's fee for collection or enforcement of the same. Undersigned agrees that NW Co. Auto and Truck Parts may seek its remedies solely against the Guarantor and is not required to join the applicant.

Must be filled out completely to be considered for credit

Guarantor

SS# or FEIN#

Address

Witness

Address
