



1472 E. Mission Blvd.
 Pomona, CA 91766 USA
 Tel: 909-868-9265 Fax: 909-868-0797



Credit Application

Tell us about your business

Company Name: _____ Years in business _____
 Address: _____
 City _____ State _____ Zip _____
 Phone: _____ Fax: _____
 Business type () Corporation () LLC () S Corp. () Partnership () Sole proprietor
 Fed Tax ID: _____ CA Reseller Permit #: _____
 D&B#: _____ (CA Customer Only)
 Name of Company Principal(s) Title/Position
 1. _____
 2. _____

Banking References

Bank Name: _____ Customer Since _____
 Phone: _____ Fax: _____ Contact: _____
 Account type: () Checking () Savings () CD or Money Market () Loan

Credit Card on Record

Card Type: ___ Visa ___ MasterCard ___ AMEX ___ Discover Limit: \$ _____
 Card Number: _____ Expiration Date: _____
 Name on Card: _____ Verification Code: _____
 Billing Address: _____
 City _____ State _____ Zip _____

(Credit card billing will only be use when there is 30 days past due on account)

Vender References (USA only)

(1) Business Name: _____ Contact Name: _____
 Credit Limit: _____ Payment Term: _____
 Phone: _____ Fax: _____
 Email: _____
 (2) Business Name: _____ Contact Name: _____
 Credit Limit: _____ Payment Term: _____
 Phone: _____ Fax: _____
 Email: _____

I promise that everything stated in this application is correct to the best of my knowledge. I authorize Olympia Auto Parts to obtain a credit reports in connection with this application for extension of credit. I understand that credit card information will be use only when there is 30 days past due on account. Olympia Auto Parts will rely on the information in this application and credit report to make its decision.

Signed _____ Title _____ Date _____

Fax Application to: 1-909-868-0797