

ABSAP

AUTO BODY SUPPLIES AND PAINT

East Hartford, CT Bristol, CT Springfield, MA Worcester, MA Wilmington, MA Fall River, MA Manchester, NH Colchester, VT

New Customer Credit Application

Date of Application: _____

Company Information

1. Business Name (Bill To): _____
2. Phone Number: (____) _____ - _____ Email Address: _____
3. D/B/A (Alternative Business Name, if any) _____
4. Federal Tax ID #: _____ 5. Years In Business: _____
6. Please Check One:
 Corporation Sole Proprietorship Partnership Individual Municipality
7. Billing Address: _____
Street City State Zip Code
8. Shipping Address: _____
Street City State Zip Code
9. Type of Business: _____

Owner(s) and Authorized Representative(s)

10. _____ Owner
Name Home Address (City, State, Zip Code)
11. _____ Owner
Name Home Address (City, State, Zip Code) Auth Rep

Accounts Payable:

12. A/P Contact Name: _____ Preferred Contact Method: _____
A/P Email Address: _____ A/P Phone Number: _____
13. Is a Purchase Order Required? Yes No

Credit References:

14. Please list THREE businesses with which you have a credit history. (Please note: We cannot accept credit card companies or personal references as business credit references.)

_____	_____	_____
Name	Address (City, State, Zip Code)	Phone Number:
_____	_____	_____
Name	Address (City, State, Zip Code)	Phone Number:
_____	_____	_____
Name	Address (City, State, Zip Code)	Phone Number:

Bank References:

_____	_____	_____	_____
Bank Name:	Address (City, State, Zip Code)	Contact Name:	Phone Number:

Acceptance of Terms and Agreement to Pay

Please Check One:

Weekly

Weekly: Applicant agrees to pay according to weekly terms. Payment will be made on the Monday following the prior week's purchases. Accounts more than 14 days past due may be put on hold.

COD

COD: Applicant agrees to COD terms. Payment will be made at time of delivery

Credit Terms

Credit Terms: Applicant agrees to pay for purchases according to the following credit terms: New 25- Firm. Outstanding balances are subject to a 1.5% finance charge per month, resulting in 18% annual finance charges. Accounts more than 45 days past due may be put on hold until current.

Applicant agrees to pay any collection costs incurred to collect the account balance, include court costs, collection fees and attorney fees of not less than 33% of the unpaid principal and interest.

Authorization To Release Information

As an inducement to grant credit, the Applicant authorizes, and releases all banks, businesses and personal identification on this application to furnish any and all information requested by ABSAP or its representative, by telephone, fax or written correspondence whichever ABSAP requests. Applicant also authorizes ABSAP to report Applicant's performance on this agreement to proper persons and credit agencies whenever ABSAP is listed as a credit reference.

Signature:

The undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of the Applicant, that the information given in this application is true and correct to the best of his or her knowledge and that the Applicant hereby agrees to the foregoing terms and conditions.

I have read and agree to all terms printed in this document.

Signature: _____

Title: _____

Date: _____

Print Name: _____

Office Use Only:

Credit Limit: _____

Date Application Received: _____

Sales Person: _____

ABSAP Location: _____

Type of Account Requested:

- C.O.D.
- Net 25
- Weekly