

# **BC** Auto Parts

Burlington NJ & Bristol PA

Phone# 609-386-5243 - 215-785-4001

Fax# 609-387-2997 - 215-785-3295

## **Application For Credit**

(Please print or type. All info must be legible)

Owners Name: \_\_\_\_\_ Soc. Security# \_\_\_\_\_

Owners Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_ years. Rent or Own \_\_\_\_\_

How many business owners/principles are involved with this business? \_\_\_\_\_

(If there is more than one business owner, each owner must fill out an application.)

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Address: \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total Years in Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ (S) Corporation \_\_\_\_\_ (C) Corporation  
 \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Sole Proprietorship

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Account Number# \_\_\_\_\_

**Trade References:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you or any of your companies ever filed bankruptcy? Yes \_\_\_\_ No \_\_\_\_

If yes explain: \_\_\_\_\_

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

**Personal Guaranty**

To induce the extension of credit by supplier to customer, the undersigned owner (s) of customer hereby personally and unconditionally guarantee the payment of supplier of any and all amounts now or hereafter owed by customer to supplier, and the undersigned owners (s) further agree that if it becomes necessary for the supplier to incur cost in enforcing this personal guaranty, then the undersigned owner (s) will pay the supplier the amount of such cost including, but not limited to, reasonable attorney fees, and or collector agency fees, court costs and filing fees.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of owner: \_\_\_\_\_

I/We as applicants for credit authorize you to obtain such information, personal and business, as you may require from the bank and trade references given in the above application which is furnished by me for the purpose of obtaining credit, and we certify that this application has been accurately completed and represents current data.

If this application is approved and credit is extended to me/us, I/we agree to pay according to the following terms. Payment in full, 25 days net. I/We agree to pay service charges at the rate of 1 1/2% per month (18% annum) should my account balance exceed 30 days, and to pay any and all reasonable and customary cost of collection should I be in default of these terms.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of owner: \_\_\_\_\_