

# GEM AUTO PARTS CO.

Chelsea-Dorchester-Lynn-Wakefield-Watertown

Corporate Office: 7 Griffin Way Chelsea, MA 02150 (617)569-7450 Fax (617)567-2506

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## Application for Credit

### Business Information:

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (If different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Are Purchase Orders Required? \_\_\_\_\_

Proprietor's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Partner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### Trade Credit References:

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

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

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

### Authorized Signature:

I hereby apply for a credit account with Gem Auto Parts Co., Inc. I understand that Gem Auto Parts Co., Inc. will conduct a credit investigation. I authorize Gem Auto Parts Co., Inc. to investigate any statement that I have made on this application. I will pay my account in a timely fashion. I agree to pay all collection costs relating to this account including but not limited to attorney fees.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use:

Account #: \_\_\_\_\_ Weekly \_\_\_\_\_ Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_ Credit Limit \_\_\_\_\_ COD \_\_\_\_\_ Base: \_\_\_\_\_

STD Contract: \_\_\_\_\_ PVT Contract: \_\_\_\_\_ Tax? \_\_\_\_\_ Salesman: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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