



U.S. Highway 11 West • 1415 Radford Road • Christiansburg, Virginia 24073  
Local (540) 382-3972 • USA Toll Free 1-800-468-5612 • FAX (540) 382-4696

## CREDIT APPLICATION

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Business Owner: \_\_\_\_\_ Partnership  Proprietorship  Corporation   
Accts Payable Contact: \_\_\_\_\_ Years in Business: \_\_\_\_\_ P.O. Required?

## BANK REFERENCE

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CREDIT REFERENCES

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

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

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

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

The information provided above is submitted for the purpose of extending credit to our company. I hereby authorize the release of any information pursuant to that cause to Bill's Used Parts, Inc., or an agent thereof, for the purpose of evaluating credit worthiness. I also understand that Bill's Used Parts, Inc. may obtain the services of a credit reporting agency to aid in their evaluation.

I understand that accounts are to be settled in full by the 15th of the month following the purchase date.

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