

**ACDelco**



**ORIGINAL EQUIPMENT**

Auto & Truck Parts Distributor

**Motorcraft**

**CREDIT APPLICATION**  
(MUST FULLY COMPLETE)

561-791-8222

BUSINESS NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PRIMARY CONTACT \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_ FAX NO (INCLUDING AREA CODE) \_\_\_\_\_  
AP CONTACT \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_ FAX NO (INCLUDING AREA CODE) \_\_\_\_\_

BUSINESS TYPE (CHECK ONE)

<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> LLC	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> NON-PROFIT

BUSINESS DISCRPTION \_\_\_\_\_ AVERAGE NO. OF EMPLOYEES \_\_\_\_\_

PRINCIPLE OWNERS, OFFICERS, STOCKHOLDERS, AND/OR DIRECTORS: (MUST HAVE SOCIAL SECEURITY NO. IF SOLE PROPRIETOR OR PARTNERSHIP)

NAME	TITLE	SOCIAL SECURITY NO.
_____	_____	_____
_____	_____	_____

FEDERAL TAX ID FOR CORPORATIONS \_\_\_\_\_ DATE AND STATE INCORPORATED/FORMED \_\_\_\_\_ YEARS IN BUSINESS UNDER PRESENT OWNERSHIP \_\_\_\_\_  
ARE YOU LISTED WITH DUN & BRADSTREET? \_\_\_\_\_ INITIAL CREDIT REQUIREMENT \_\_\_\_\_ MONTHLY CREDIT REQUIREMENT \_\_\_\_\_  
 NO  YES, DUN'S # \_\_\_\_\_

TRADE REFERENCES: (CREDIT PURCHASES)

BUSINESS _____	ACCOUNT NO. _____	TELEPHONE NO. _____
CONTACT _____	CITY/STATE _____	MONTHLY CREDIT REQUIREMENT _____
BUSINESS _____	ACCOUNT NO. _____	TELEPHONE NO. _____
CONTACT _____	CITY/STATE _____	MONTHLY CREDIT REQUIREMENT _____
BUSINESS _____	ACCOUNT NO. _____	TELEPHONE NO. _____
CONTACT _____	CITY/STATE _____	MONTHLY CREDIT REQUIREMENT _____
BUSINESS _____	ACCOUNT NO. _____	TELEPHONE NO. _____
CONTACT _____	CITY/STATE _____	MONTHLY CREDIT REQUIREMENT _____
BUSINESS _____	ACCOUNT NO. _____	TELEPHONE NO. _____
CONTACT _____	CITY/STATE _____	MONTHLY CREDIT REQUIREMENT _____

BANK REFERENCE:

BANK _____	CHECKING ACCOUNT NO. _____	CITY BRANCH _____
CONTACT _____	LOAN ACCOUNT NO. _____	TELEPHONE NO. (INCLUDING AREA CODE) _____

PURCHASE ORDER REQUIRED?  YES  NO  
TAX EXEMPT  YES (MUST ATTACH TAX CERTIFICATE)  NO

FOR THE PURPOSE OF ESTABLISHING A CREDIT LINE WITH ORIGINAL EQUIPMENT COMPANY, I HEREWITH AUTHORIZE THE ABOVE NAMED BANK AND TRADE REFERENCES TO FURNISH THE REQUESTED ACCOUNT/ CREDIT INFORMATION.

In consideration of Glades Parts Company extending credit the undersigned expressly agrees that if this account becomes delinquent and is sent for outside collections the undersigned is responsible for all attorney's fees and collection expenses. The undersigned further agrees that all amounts owed to Glades Parts Company under this account are owed to Glades Parts Company in Palm Beach County, Florida, which is the proper venue of any lawsuit. The undersigned also agrees to notify Glades Parts Company of any change in ownership or form of company.

AUTHORIZED BY: NAME (PLEASE PRINT OR TYPE) \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE AND DATE SIGNED \_\_\_\_\_