



"Home of Quality Used Parts"
 2210 N. University Road
 Spokane, Washington 99206-4782
 (509) 924-3300
 FAX (509) 928-2454

Credit Application

CUSTOMER NAME	___ INDIVIDUAL ___ PARTNERSHIP ___ PROPRIETORSHIP ___ CORP.	MULTIPLE LOCATIONS ___Y ___N LOCATION/STORE #
BILLING ADDRESS	OWNER/CORP. OFFICERS/PARTNERS	NO. YEARS IN BUSINESS
CITY, STATE, ZIP	TAX EXEMPT ___Y ___N IF YES, PLEASE FILL OUT RESALE CERT.	PURCHASE ORDER REQUIRED ___Y ___N
SHIPPING ADDRESS	PHONE	FAX
CITY, STATE, ZIP	E-MAIL ADDRESS	ACCOUNTS PAYABLE CONTACT PERSON DUN & BRADSTREET NUMBER

Trade References

COMPANY NAME	ADDRESS	CITY, STATE, ZIP	CONTACT PERSON	PHONE
COMPANY NAME	ADDRESS	CITY, STATE, ZIP	CONTACT PERSON	PHONE
COMPANY NAME	ADDRESS	CITY, STATE, ZIP	CONTACT PERSON	PHONE

Bank Reference

BANK NAME	ADDRESS	CITY, STATE, ZIP	CONTACT PERSON	PHONE
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Terms of Sale:

I am aware that if credit is extended to me merchandise must be paid for by the 10th of the following month. If money is not received by the 15th of the month, the account will be placed on C.O.D. If an account is not active for 6 months, it will automatically be closed unless arrangements have been made with the business office. I will immediately notify the business office if there are any changes in ownership. I authorize a Spalding Auto Parts representative to contact any or all of the above references and to run a commercial or personal credit report. I, as the debtor, will assume attorney fees and collection costs in the event the account is delinquent and satisfactory arrangements have not been made for payment, all legal.

By applying for credit, being accepted, and signing this application, I agree to the above terms and conditions.

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____