

Charge Account Application & Credit Agreement

Glenbrook Auto Parts, Inc.

1723 Waukegan Rd. Glenview, IL. 60025 847-729-2444 www.glenbrookautoparts.com

Applicant:

Name _____ Phone _____ Fax _____
Address _____ Email Address _____
FEIN or SSN _____ S Corp _____ C Corp _____ Individual _____ Years in Business _____
Type Account? Charge _____ Cash _____ Require Purchase Orders _____ Require Names _____ P/U _____ Delivery _____

Ownership: (please complete)

Name(s) of Principals(s) & Title _____ Home Phone _____
Name(s) of Principals(s) & Title _____ Home Phone _____
Home Address _____ Driver License # _____ SSN _____
Home Address _____ Drivers License # _____ SSN _____

Finance: (where do you bank)

Bank _____ Bank Address _____ Bank Phone _____
Bank Officer & Department _____ Email Address _____

Business References: (where you currently have a charge account)

Business Name _____ Address _____ Phone Number _____
Business Name _____ Address _____ Phone Number _____
Business Name _____ Address _____ Phone Number _____

Credit Card Information:

Card Type (MC, Visa, Amex) _____ Credit Card # _____ Card Holder _____
Expiration date _____ Security Code _____ Zip Code of Holder _____ Authorize Billing? Yes _____ No _____

Note: Please return a signed exempt sales tax certificate if tax exempt

I / We hereby represent that the foregoing statement is in all aspects true, and that the same shows all our debts and liabilities, and that said statement is made for the purpose of inducing Glenbrook Auto Parts, Inc. to grant us an open charge account. The undersigned guarantees payment, both with a personal agreement and corporate agreement when due all debts, obligations of every kind arising out of credit previously granted or extended in the future by Glenbrook Auto Parts, inc. If account is not paid by terms, I authorize account to be charged to credit card provided above.

Applicant Signature _____ Title _____ Date _____

Terms:

Established charge account terms are net 30th. There are additional discounts offered for larger volume accounts and are processed through our accounting department. Statement amounts not paid in full will be subject to a 1.5% finance charge and will be placed on a **C.O.D. basis** until account is current.

Original Applications Must be submitted to process, Fax copies will not be accepted as an original.

For Office Use Only:

Bank / Credit references checked _____ Approved _____ Disapproved _____ Cash _____ Credit _____
Limit \$ _____ Email / Letter of Approval Sent (Yes) _____ (No) _____
Account # _____ Tax Exempt Certificate Received? (Yes) _____ (No) _____
Date Account Established _____ By: _____