



Application Form

Legal Name of the Company:

Operating As:

| | | |
|--------------------------------------|--------------------------------------|---|
| Address: | | Postal Code: |
| Phone Number: | Fax Number: | Contact: |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Proprietorship |
| Date Business Est: | Estimated Annual Sales: | |
| HST Number: | TSSA: (If Applicable) | |
| Tax Exemption Number: | Buying Group: | |

Email for Invoices: check if same for all 3

Email for Packing Slips: | Email for Order Confirmations:

Purchasing Contact: | Accounts Payable Contact:

Shipping Information: (Only if different from above) – Tailgate/Lift Truck needed for delivery Residential Address

| | | |
|---------------|-------------|--------------|
| Address: | City: | Postal Code: |
| Phone Number: | Fax Number: | |

Directors | Owners | Officers

| | |
|---------------------------|----------------------|
| 1) Directors / Owners: | Position: |
| Address: | City: Postal Code: |
| Drivers License or SIN #: | |

| | |
|---------------------------|----------------------|
| 2) Directors / Owners: | Position: |
| Address: | City: Postal Code: |
| Drivers License or SIN #: | |

| | | | | | |
|----------------------------------|--|---|-------------------------------|--------------------------------|------------------------------|
| Billing Address of Company: | <input type="checkbox"/> Leased | <input type="checkbox"/> Owned | | | |
| Shipping Address of Company: | <input type="checkbox"/> Leased | <input type="checkbox"/> Owned <input type="checkbox"/> Same as Billing | | | |
| Number of Employees: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 15+ |
| Number of Vehicles Owned/Leased: | <input type="checkbox"/> Leased: _____ | <input type="checkbox"/> Owned: _____ | | | |

Credit Limit Requested

| | | |
|--|--|--|
| <input type="checkbox"/> \$500 - \$5,000 | <input type="checkbox"/> \$20,001 - \$50,000 | <input type="checkbox"/> \$250,001 - \$500,000 |
| <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$100,001 - \$250,000 | |

Bank Information

| | |
|---------------|----------------------|
| Bank Name: | Bank Contact Name: |
| Bank Address: | City: Postal Code: |
| Phone Number: | Fax Number: |



Application Form

Please fill out one of the following:

1) Customers Requesting Credit Terms: Trade References

Include phone and fax numbers. 3 references are mandatory*

| | | |
|---------------------|---------|--------------|
| Name 1. | Phone # | Fax # |
| Name 2. | Phone # | Fax # |
| Name 3. | Phone # | Fax # |
| Signature: X | | Date: |

2) Customers requesting to pay by Credit Card

Please only fill this section if you ARE NOT seeking credit terms*

| | |
|--|---|
| Name on Credit Card: | Card Number: |
| Expiry Date: | Three Digit Security Code: Last 3 digits on back of card |
| All Accounts: will be paid by credit card at time of shipment. Shipments will be held until credit card authorization is received. Credit terms are available on previously established accounts and are subject to credit approval. These accounts are payable thirty (30) days after date of invoice. Interest at the rate of 2% per month will be charged on overdue accounts. Subject to change without notice. The undersigned hereby authorizes PartsWerx Inc. to charge all orders placed to the credit card number listed above, at the point of shipment, unless otherwise specified at the time of ordering. I understand that all other payments not made at the time of shipment, using this credit card number, will be subject to a 3% service fee. | |
| Signature: X | Date: |

3) Personal Guarantee: For New & Emerging Businesses (Optional)

If completing, please chose either of the above options*

| | |
|---|---------------------------------|
| A personal guarantee AND / OR credit card are NOT required to secure an account. However, if will have a significant impact on the Credit Limit granted. | |
| Personal Guarantee: For consideration of the extension of credit, I hereby personally guarantee payment of all charges made in connection with this account. I waive any requirement that PartsWerx Inc. notify me of default by the buyer. This shall be a continuing personal guarantee and shall not be affected by any modifications to this agreement with or without my consent. | |
| Personal Signature: _____ | Date: _____ |
| Printed Name: _____ | Social Security #: _____ |
| Address: _____ | Drivers License #: _____ |
| Signature: X _____ | Date: _____ |

Terms of Credit: Accounts are payable thirty (30) days after date of invoice. Interest at the rate of 2% per month will be charged on overdue accounts. Subject to change without notice. PartsWerx Inc. reserves the right to change the credit limit at any time & may ask for annual financial statements prior to approval and on annual basis

The undersigned hereby authorizes PartsWerx Inc. to disclose the information set out above to third parties including but not limited to credit reporting agencies for the purpose of verification or otherwise as PartsWerx Inc. considers necessary or advisable. The undersigned authorizes the references set out above and credit reporting agencies to release to PartsWerx Inc. such information pertaining to the undersigned as is requested by PartsWerx Inc. PartsWerx Inc. retains all rights to products sold until they are paid in full. PartsWerx Inc. reserves the right to confiscate and obtain product if payment is not received in full.

Signature: X

Completed By:

Date: