

# ***United Auto Supply***

Corporate Office: 450 Tracy Street – Syracuse, NY 13204

800.772.1667 – Corporate Fax 315.836.4857 – www.unitedautosupply.com

*Foreign, Domestic & Heavy Duty Parts Specialists*

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## **Credit Application**

Type of Entity: Sole Proprietorship or Partnership

**Complete Legal Name of Business** \_\_\_\_\_

**Business Address** \_\_\_\_\_

*(Include Street, City, County, State, Zip Code)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trade Name or "D.B.A."** \_\_\_\_\_

**Tax Exempt:** Yes or No

**Business Telephone** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Sales Tax Exemption Resale Certificate** \_\_\_\_\_

**# PO Required:** Yes or No

Full Name(s) of Owner(s) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

**Accounting Contact** \_\_\_\_\_

**UAS Statements Sent Email:** Yes or No

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

**Purchasing Contact** \_\_\_\_\_

**UAS Notices Sent:** Email - Fax - Mail

Telephone Number \_\_\_\_\_

*(Circle choice)*

Email \_\_\_\_\_

**Type of Business:** (Please circle one below)

**Number of years in business** \_\_\_\_\_

General Consumer/DIY

Jobber

Specialty

Government

National Chain

Import Dealer

GM Dealer

National Fleet

Used Care Dealer

Ford/Lincoln Dealer

National Retail

Dealer (other)

Chrysler Dealer

Collision

Agricultural

ISC

Fleet

Property on which Equipment & Inventory is located: Own or Rent

Number of Years at Current Location \_\_\_\_\_

**Leins on Business:** Yes or No

*(If 'YES' complete 'Secured Party' section)*

Secured Party	_____	Dollar Amount	_____
Collateral	_____	Date Filing	_____
Credit Limit Desired	_____		

**TRADE REFERENCES**

Business Name	_____	Contact Person	_____
Address	_____		
Telephone	_____	Fax	_____

Business Name	_____	Contact Person	_____
Address	_____		
Telephone	_____	Fax	_____

Business Name	_____	Contact Person	_____
Address	_____		
Telephone	_____	Fax	_____

Bank Name	_____		
Branch	_____	Contact Person	_____
Address	_____		
Telephone	_____		_____
Account Type:	Checking	Savings	Loan <i>(Circle all that apply)</i>

**\*\* PAYMENT AGREEMENT & GUARANTEE OF PAYMENT\*\***

**PLEASE READ THE FOLLOWING AGREEMENT STATEMENT CAREFULLY**

By signing this Credit Application I/WE represent that the information contained in this application is accurate in all respects. Applicant(s) authorizes UNITED AUTO OF SUPPLY WEST, INC., hereinafter referred to as "the Company", or its agent(s), to investigate my/our personal credit and financial records, including banking records, as the company in its sole discretion deem necessary. As per of that investigation I/WE authorize the company to request and obtain consumer credit reports on me/us in connection with the opening, monitoring, renewal and extension of this and other accounts with the company. I/WE further authorize the company to share information received from my consumer credit report with the company's subsidiaries, affiliates, and agents(s). If I/WE request the company will tell me/us whether my/our consumer report was requested and if so, the name and address of the Consumer credit reporting agency that furnished that report.

I/WE acknowledge and agree to pay for all merchandise and labor purchased on credit account from the company ON OR BEFORE THE TENTH (10TH) for prior month's purchases. ANY INVOICE OR PORTION THEREOF NOT PAID WHEN DUE SHALL BE SUBJECT TO INTEREST OR SERVICE CHARGES OF 1.5% PER MONTH (APR=18% PER ANNUM) ON ANY OUTSTANDING BALANCE SHOWN ON THE STATEMENT.

I/WE understand that should the credit account be more that (30) days past due, credit may be suspended and I/WE may be sold to a "COD" BASIS thereafter. Future credit may be reinstated at the sole discretion of the company.

**\*\* GUARANTEE OF PAYMENT \*\***

In consideration and in order for the company to extend credit to me/us, I/WE unconditionally and absolutely guarantee full and prompt payment when due. By signing this application, I/WE acknowledge that I/WE have personally guaranteed the debts and obligations of my/our business and agree that I/WE am/are personally obligated to perform all of the terms contained in this application.

I/WE further agree to pay any and all expenses, including collection and reasonable attorney's fees, costs and disbursements that are incurred by the company, should it become necessary to refer our credit account for collections.

_____	_____	_____
Business Owner	Social Security Number	Date
_____	_____	_____
Business Owner	Social Security Number	Date
_____		_____
United Auto Supply Company Representative		Date

**RETURN COMPLETED FORM TO: Email: [katieknaust@unitedautosupply.com](mailto:katieknaust@unitedautosupply.com) or Fax 315-836-4857**

