

FOR OFFICE USE:  
TM NAME \_\_\_\_\_

**AUTO PAINT SUPPLY**

2026A Chamberlayne Ave.  
Richmond, VA, 23222



STORE \_\_\_\_\_

Phone (804) 321-6177

Fax (804) 329-5012

CREDIT LIMIT \_\_\_\_\_

CHECK CASHING ONLY \_\_\_\_\_

**TERMS: NET 10<sup>th</sup>**

**CREDIT APPLICATION**

The undersigned makes application to Auto Paint Supply with the understanding that any credit commitment made by Auto Paint Supply may be withdrawn by same at any time without incurring any liability or obligation to the undersigned customer.

**BUSINESS FULL LEGAL NAME** \_\_\_\_\_

**DBA NAME** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Nature of Business \_\_\_\_\_ Number of years \_\_\_\_\_

Credit Line Requested \$ \_\_\_\_\_ Email address \_\_\_\_\_

Type of Business: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Owner / President \_\_\_\_\_ Controller \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Does your business require a Purchase Order? \_\_\_\_\_ Yes \_\_\_\_\_ No

**OWNERS INFORMATION**

Name \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ DOB \_\_\_\_\_ Driver Lic # \_\_\_\_\_

**CREDIT INFORMATION**

Name of bank \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

**TRADE REFERENCES**

1. Name \_\_\_\_\_ Ph # ( ) \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Ph # ( ) \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**VERIFICATION OF INFORMATION**

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Auto Paint Supply to investigate our credit history, bank references, and any information deemed necessary to extend credit.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

**TERMS & CONDITIONS**

In consideration of Auto Paint Supply, or its affiliates, extending credit to the above business, I/We hereby guarantee jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. Also, monthly finance charges at the rate of 1.5% will be charged for any unpaid amount(s) beyond 30 days from specified times. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges.

Owner / Officer Signature \_\_\_\_\_ Owner / Company Officer Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_