



Genuine Parts Broker

Staple  
Business Card  
Here

# CREDIT APPLICATION

Purchase Order required  Yes  
 No

### Business Information:

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Operating As: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Authorized Purchaser: \_\_\_\_\_  
Year Business Commenced: \_\_\_\_\_

Title: \_\_\_\_\_  
Years At Current Address: \_\_\_\_\_

Sole proprietorship       Partnership       Corporation      HST#: \_\_\_\_\_

Location:  Owned       Rented

Owner: \_\_\_\_\_      2nd Owner: \_\_\_\_\_

Number of Employees: \_\_\_\_\_      Business Type: \_\_\_\_\_

Request for:  Credit account (All information must be complete)       C.O.D. (complete only information above)

### Credit Information:

Bank Name: \_\_\_\_\_      Location: \_\_\_\_\_  
Account Number: \_\_\_\_\_      Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_      City: \_\_\_\_\_

**\* References must be entered on page 2 of this application \***

This application is given to secure a credit account with all Uniparts participating dealers in your area, on terms as outlined below. The undersigned certifies that all information is true and correct. By signing below, I/we consent to the obtaining from any credit reporting agency or credit grantor, such information that any Uniparts O.E.M. of Canada Inc. participating dealer may require at any time in connection with the credit hereby applied for, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned may have financial dealings. The Uniparts dealer may do this internally or through an agent. The undersigned further agrees to pay service charges, depending on the dealer issuing credit, up to 2% interest per annum on all unpaid amounts. Terms being, accounts must be paid by the 10th of the following month. Accounts not paid within the terms will be subject to COD payment on delivery on all orders until account is paid in full. All merchandise purchased on the account will remain property of the dealership until payment in full is made.

**We, the undersigned hereby declare acknowledgement of the credit demand. We are committed jointly and severally to assure carrying out the obligations it consists and we authorise UNIPARTS O.E.M. of Canada Inc. dealerships to verify our solvency and that of our company in obtaining the requested credit. If the business is a corporation, two corporate officers must sign. If business is a partnership, all partners must sign.**

_____ Authorized Signature	_____ Authorized Signature	_____ Authorized Signature
_____ Name in Print	_____ Name in Print	_____ Name in Print
_____ Title	_____ Title	_____ Title

Date: \_\_\_\_\_

### Credit Department Use Only

Department Manager: _____	Signature: _____
Suggested Credit Limit: _____	Date Opened: _____
Approved Credit Limit: _____	Assigned Acct: _____



# CREDIT APPLICATION (cont.)

**\*References must be provided on this page to complete Credit application\***

Operating As: \_\_\_\_\_ Legal Name: \_\_\_\_\_

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

If you are part of a franchise or network, please name here: \_\_\_\_\_

Are you a multi store owner:  Yes  No

If yes, list other locations here. \_\_\_\_\_  
\_\_\_\_\_

### References:

(minimum 3 references required)

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

---

---

### Credit Department Use Only

Reviewed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_