



Commercial Application

If you'd like to become a registered Commercial Customer and take full advantage of the pricing, ordering, and shipping benefits that registration entails, please take a moment fill out the application below.

Due to legal issues, we must request that you print out this application, sign it, and fax it to us at [503-283-5204](tel:503-283-5204). While you are waiting for approval, you may use your current customer account. In the mean time, our account processing department will be working on your commercial account activation. Upon approval of your application, we will notify you and upgrade your account privileges to commercial status so you can enjoy the benefits of preferred pricing and credit terms that accompany commercial membership.

YOUR CONTACT INFORMATION

Company/Organization Name: *	<input type="text"/>		
Contact Name: *	<input type="text"/>		
Date of Incorporation:	<input type="text"/>	Federal Tax ID Number: *	<input type="text"/>
President:	<input type="text"/>		
Phone: *	<input type="text"/>	Fax:	<input type="text"/>
E-Mail: *	<input type="text"/>		

BILLING INFORMATION

Company/Organization Name: *	<input type="text"/>		
Attention To:	<input type="text"/>		
Billing Address: *	<input type="text"/>		
City: *	<input type="text"/>		
State/Province: *	<input type="text"/>	Zip: *	<input type="text"/>
Country: *	<input type="text"/>		

SHIPPING INFORMATION

Company/Organization Name: *	<input type="text"/>		
Attention To:	<input type="text"/>		
Shipping Address: *	<input type="text"/>		
City: *	<input type="text"/>		
State/Province: *	<input type="text"/>	Zip: *	<input type="text"/>
Country: *	<input type="text"/>		

PURCHASING INFORMATION

Authorized Purchasers: *	<input type="text"/>
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Accounts Payable Contact: *	<input type="text"/>	
Bank: *	<input type="text"/>	
Bank Address: *	<input type="text"/>	
Bank City: *	<input type="text"/>	
Bank State/Province: *	<input type="text"/>	Bank Zip: * <input type="text"/>
Country: *	<input type="text"/>	
Bank Contact: *	<input type="text"/>	Bank Phone: * <input type="text"/>

REFERENCES

References are used to help aid in determining your account status and product pricing matrix and possible credit terms. A minimum of 3 references are required of all members requesting credit terms.

Reference #1:	<input type="text"/>	
City:	<input type="text"/>	State/Province: <input type="text"/>
Country:	<input type="text"/>	
Phone:	<input type="text"/>	Fax: <input type="text"/>
Reference #2:	<input type="text"/>	
City:	<input type="text"/>	State/Province: <input type="text"/>
Country:	<input type="text"/>	
Phone:	<input type="text"/>	Fax: <input type="text"/>
Reference #3:	<input type="text"/>	
City:	<input type="text"/>	State/Province: <input type="text"/>
Country:	<input type="text"/>	
Phone:	<input type="text"/>	Fax: <input type="text"/>
Reference #4:	<input type="text"/>	
City:	<input type="text"/>	State/Province: <input type="text"/>
Country:	<input type="text"/>	
Phone:	<input type="text"/>	Fax: <input type="text"/>

PLEASE AUTHORIZE

Terms: Charge invoices are due and payable 30 days from invoice date. Accounts not paid when due are subject to a service charge of 1-1/2% (18% per annum) on the unpaid balance and may be subject to C.O.D. status or other credit restrictions.

I, (we) do hereby give authorization for PartsSystems to verify and receive credit references at such intervals as deemed necessary at their sole discretion. I, (we) certify the above information is correct: and I, (we) fully understand the terms as defined above and agree to the proper payment in consideration of extended credit. Applicant agrees to pay service charges on past due accounts at the rate stated above, plus all costs of collection, including reasonable attorney fees.

Title of Authorizing Officer: *	<input type="text"/>
Signature: *	<input type="text"/>