

APPLICANT INFORMATION:	
Applicant's Name:	

Applicant's Name:		D.B.A.:			
Billing Address:					
City:					
Shipping Address:					
City:					
Phone:		FAX:			
Email Address*:					
(Your email address will be used for order				ay any of your information includ	ding your email a
Name of AP contact person:		Title <sup>.</sup>		Phone:	
Name of AP contact person:					
Sederal ID #:					
			()		
BANK REFERENCE:					
Name of bank:			me:		
Mailing Address:					
City:					
Phone with area code:					
Checking acct. no.:		Savings acc	et. no.:		
RADE REFERENCES:					
Name:	Phone:		FAX:		
Address:					
Account #:					
Name:	Phone:		FAX:		
Address:	City:		St:	Zip:	
Account #:	Contact:				
Name:	Phone:		FAX:		
Address:	City:		St:	Zip:	
Account #:	Contact:				

## The signature below may also be used as a signed release of information for the above bank and trade references.

## **PAYMENT GUARANTEE (NET 30 TERMS):**

The undersigned as an authorized representative of the above listed company hereby guarantees the full, prompt, and punctual payment of all purchases made by the applicant listed above. This is a continuing guarantee until revoked in writing and acknowledged by UniversalPart.com. The undersigned waives notice of any default of this guarantee and promises to pay all costs of collection and reasonable attorney's fees incurred by UniversalPart.com in the event that this guarantee of payment is placed in the hands of an attorney for collection. With approved credit, the terms of this agreement are: 30 days net, due upon receipt. After 30 days, 1.5% per month (18% per year) interest is charged.

## AUTHORIZED SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_