

Ace Manufacturing & Parts Company  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**CUSTOMER PROFILE**

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

FEIN#

Sales Tax ID#

Projected required credit amount?

Projected monthly purchase volume?

Are purchase orders required?

Office Hours:

Receiving Hours:

After Hours Receiving Phone No.:

President:

Vice President:

Secretary/Treasurer:

Controller:

Parts Manager:

Assistant Parts Manager:

**REFERENCES - BANK**

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

**REFERENCES - TRADE**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT/TERMS**

1. All invoices are to be paid 30 days from the date of the invoice unless other arrangements have been made.
2. All past due balances will incur a service charge of 1.5%, or 18% annum. A statement of your account will be mailed to you on the first of each month.
3. By submitting this application, you authorize Ace Manufacturing to make inquiries into the banking and business/trade references that you have supplied.
4. By signing below, you and/or your company agree to pay all expenses of collection, including court costs and attorney's fees should it become necessary to refer this account for collection. You affirm that you are authorized to make this statement.

**SIGNATURES**

Title:  
Date:

Title:  
Date: