



**CORKY'S AUTO PARTS
430 SPRING STREET
WINDSOR LOCKS CT 06096**

Phone 860-623-9964

Fax 860-623-9208

www.corkysautoparts.com

CREDIT APPLICATION

DATE _____ **ACCOUNT NUMBER** _____

BUSINESS NAME _____

BUSINESS PHONE _____

BUSINESS ADDRESS _____

OWNER'S NAME _____

OWNER'S PHONE _____

LENGTH OF TIME IN BUSINESS _____

SALES TAX (YES OR NO) _____ **(IF NO PLEASE ATTACH CERT.)**

IS A PURCHASE ORDER NEEDED? (YES OR NO) _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

NAME OF BANK _____

BANK ADDRESS _____

BANK ACCOUNT # _____ **BANK PHONE #** _____

TRADE REFERENCES

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I promise to pay my monthly purchases by the 10th of the following month. I further assume responsibility of all bills contracted in my name at the above address. In the event that it becomes necessary for your company to incur any collection costs or suits to collect under this agreement the undersigned promises to pay such additional costs of collection and such sum as the court may judge responsible as attorneys' fees on said suit.

printed name

signature

title

date

In consideration of the credit extended to the above corporation, I (We) hereby personally guarantee the full and prompt payment of any and all balances due from the Corporation. I hereby waive any notice of default by the Corporation and waive any requirement by Corky's auto Parts Inc. to first proceed against the Corporation.

printed name

signature

title

date