



10321 Fortune Pkwy Bldg 400 Jacksonville, FL 32256

Remit to: PO Box 402554 Atlanta, GA 30384

904-731-3034 800-883-7097 Fax 904-730-7747

newaccounts@thepartshouse.com

Credit Application

Date : _____ Store: _____
 Sales: _____ Zone: _____
 Class: _____ Type: _____
 # of Bays: _____ # of Techs: _____
 Pricing: _____ Webpro: Y ___ N ___

BILLING INFORMATION

COMPANY NAME _____ CONTACT PERSON _____
 BILLING ADDRESS _____ CITY _____ STATE ___ ZIP _____
 PHONE _____ FAX _____ EMAIL _____
 P&A CODE: _____ Electronic statement: NO ___ YES: EMAIL ___ or FAX ___

SHIP TO INFORMATION SAME AS BILLING? YES ___ NO ___

DELIVERY CONTACT PERSON _____ PHONE _____
 ADDRESS _____ CITY _____ STATE ___ ZIP _____
 FAX _____ EMAIL _____

OWNER / PRINCIPAL INFORMATION

NAME OF OWNER / OFFICER	HOME ADDRESS	DRIVER'S LICENSE	SOCIAL SECURITY NO.

CREDIT REFERENCES

COMPANY NAME	ADDRESS	TELEPHONE	ACCOUNT NUMBER

REQUESTED ACCOUNT TYPE (SUBJECT TO CREDIT APPROVAL): COD ___ WEEKLY ___ MONTHLY ___
 PURCHASE ORDER REQUIRED? YES ___ NO ___ TAXABLE? YES ___ OR NO ___

TERMS & CONDITIONS AGREEMENT: COD- Payment required for each purchase at the time of the sale. Weekly- Statement for all purchases will be provided on Monday and due Saturday of that week. Monthly- Statement is mailed on the 1st of each month & due within 30 calendar days. All accounts are subject to monthly late fee of 1.5% on all past due balances. The terms of this contract are enforceable in court. All credits, including credits for returns, will be applied to the oldest balance due. Weekly & Monthly: If payments are not made within the schedule listed above, TPH Holdings LLC reserves the right to place the account in COD status without notification requiring payment for future sales. **I authorize TPH Holdings LLC to investigate and verify my individual / company credit and all of the information listed. I agree to the terms listed above and acknowledge that by signing as a representative of the company, the company is agreeing to pay for all purchases in full plus court costs, attorney fees, collection agency fees and other costs in collection of all amounts due.**

SIGNATURE OF OWNER OR OFFICER OF COMPANY _____

PRINTED NAME _____

TITLE _____

GUARANTEE: In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit from the date of this application. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee

SIGNATURE (MUST BE OWNER OR OFFICER) _____ DATE _____

PRINTED NAME AS SIGNED ABOVE: _____