

**A-1 AUTO PARTS LTD.  
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Registered company name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date business commenced: \_\_\_\_\_  
Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

**BUSINESS AND CREDIT INFORMATION**

Primary business address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
How long at current address? \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Bank name: \_\_\_\_\_  
Bank address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**BUSINESS/TRADE REFERENCE**

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

**AGREEMENT**

1. All invoices are to be 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting the application, you authorize A-1 Auto Parts Ltd. To make inquiries into the banking and business/trade reference that you have supplied

**SIGNATURE**

Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_\_