

# APPLICATION FOR CREDIT

**TO:** GRAND VALLEY AUTO PARTS, INC.

9835 42<sup>ND</sup> AVE

JENISON MI 49428

**PHONE:** 616-895-6566

**FAX:** 616-892-4769

**EMAIL:** AR@GRANDVALLEYAUTOPARTS.COM

**CREDIT TERMS:** 30 DAYS

**CONTACT:** Baylee

**BY:** \_\_\_\_\_

COMPANY NAME

ADDRESS

**YEARS AT THIS ADDRESS:** \_\_\_\_\_ **PHONE (\_\_\_\_)** \_\_\_\_\_

**TAX ID#:** \_\_\_\_\_

The following information must be provided. It will be held in the strictest of confidence.

<b>OWNERSHIP:</b>			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Check here if incorporated in past 12 months	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
List Name, Complete Address, & Phone of Principal(s).			
1.	_____	_____	_____
	NAME	COMPLETE ADDRESS	ZIP PHONE
2.	_____	_____	_____
	NAME	COMPLETE ADDRESS	ZIP PHONE
3.	_____	_____	_____
	NAME	COMPLETE ADDRESS	ZIP PHONE
4.	_____	_____	_____
	NAME	COMPLETE ADDRESS	ZIP PHONE

**BANK:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

**BANK OFFICER:** \_\_\_\_\_ **PHONE (\_\_\_\_)** \_\_\_\_\_

## GUARANTEE OF PAYMENT

In consideration of the establishment and extension of credit by Grand Valley Auto Parts, Inc. to \_\_\_\_\_, I (and if more than one is joining and signing than we, jointly and severally), personally, absolutely, unconditionally, and, and irrevocably, guarantee prompt payment when due and to be responsible to pay any such extension of credit and all existing and future indebtedness of every nature and kind now owing or hereafter owing by \_\_\_\_\_ to Grand Valley Auto Parts, Inc. up to the amount of \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

**REFERENCES:**

List Name, Complete Address, & FAX or EMAIL. Please list either a fax # or email with each reference for expedited processing of your credit application.

1.	_____	_____	_____
	NAME	ADDRESS	
	_____	_____	_____
	FAX	CONTACT	PHONE
2.	_____	_____	_____
	NAME	ADDRESS	
	_____	_____	_____
	FAX	CONTACT	PHONE
3.	_____	_____	_____
	NAME	ADDRESS	
	_____	_____	_____
	FAX	CONTACT	PHONE
4.	_____	_____	_____
	NAME	ADDRESS	
	_____	_____	_____
	FAX	CONTACT	PHONE

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT.  
WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE  
PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.  
ALL CHARGE ACCOUNTS ARE SUBJECT TO A 3% PROCESSING FEE WHEN  
PAYING WITH CREDIT CARD.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

-----DO NOT WRITE BELOW THIS LINE-----

**APPROVED/ REFUSED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_