Application must be filled out completely

Wholesale Account Set-up

Legal Business Name_____(EIN)_____

DBA_____ Who is Auth to Buy Parts?_____

Resale#_____(**attach signed copy**) BAR#_____

Delivery address

_____ City_____ Zip_____

Accounting information

Contact name_____ Phone#(_____)_____-_____

Email_____@_____ (statements, invoices and credit copies)

Is billing address different?_____

General Information

A. Drivers do not carry cash - overages and returns will be applied to the account for future use.

Pick up returns are on account credit only, to be used for future purchases, we do not issue refund checks. If you need a refund - bring your returns to the will call office. Refunds occur in the manner you paid; checks will be mailed, after verification of your check clearing our account.

B. You are responsible for reading our returns and warranty policy on line and on the RMS form. Credit are applied to original invoice if it is unpaid at the time of your return.

C. Payment must be ready when driver arrives – credit card payments only permitted if card is on file.

D. Monthly N10th – Payment due by the 10th of each month - 45 days past due- automatic account hold. Late fee's can apply. Orders may be delayed. On account terms; you are accepting personal liability for all Parts left with you or your staff.

E. Statements will be emailed once a month and E-Office access is available 24hours a day. You are responsible for checking and updating accounting information and paying on time.   (Initial)_____

Carefully read the personal guaranteeI, (print owner name)_____personally guarantee and indemnity to Lettini's Auto Parts; dba Foreign PartsSpecialties, Inc., aka (FPS) payment of any parts or supplies ordered by my staff or myself. I will instruct my staff to set up their own accounts and not use my company account to order parts for their personal use. I will read the terms and conditions on the RMA/RMS Slip and Invoices. I further understand my credit terms and understand financing charges may be applied (interest of 18% per annum 1 1/2% monthly)on all over due amounts. I understand I may be responsible for all legal fees. FPS will make reasonable accommodations to ensure signatures of proof of delivery. You agree to control-oversee and take responsibility for the person's purchasing parts from your business account an update FPS on any legal changes to the business   (FPS will call or email to verify account set up)

Cell/Phone (_____)_____-_____ Email_____@_____

Owners Signature_____Date_____

Copy of owner California driver's license required

[Chain Corporations] Managers' signature required Xx_____Date_____

Payment Options Circle/Click One

1.COD (Cash/Business Check)

2.CCOD - I
   Charge Credit Card Each Invoice

3.CCOD -
   Call B4 Charging Credit, may want to pay cash/ck

4. Weekly N7th paid by Wednesday, late by Friday

5. N10th (account must be in good standing for 90+days)
            Due the 10th of each month

6. N10th CCOF-M
         Card will be charged between the 11th and 15th
                  of each month

In order to use a credit card one time or all the time, it must be on-file

CC _____---_____---_____-**We will call for the last 4**   CVC (_____) Exp (_____)

Street Numbers of billing address_____ Zip(_____)

Amex _____---_____-**We will call for the last 5** CVC(_____) Exp(_____)

Street Numbers of billing address _____Zip(_____)

Staff - Copy of Resale Form   Copy of Drivers Licenses   Owners Signature and Initials   Terms Verified   Email and Cell Verified