



APPLICATION FOR CREDIT

DC:		STORE GROUP NAME:	SERVING STORE NO.:		
TO BE COMPLETED BY OSS, STORE EMPLOYEE, OR DC:					
REQUESTED BY:		NAME:	PHONE NUMBER:		
ACCOUNT TYPE: CHARGE CHARGE/CASH IBS		ADDITIONAL ACCOUNTS: YES NO	PO REQUIRED: YES NO	FINANCE CHARGES: YES NO	
NATIONAL ACCOUNT: CORPORATE INDEPENDENT		EXISTING ACCOUNT NO.:	BUSINESS CATEGORY:	SALESPERSON #:	
DM/GM/OM APPROVAL:					
ADDITIONAL COMMENTS:					
TO BE COMPLETED BY CUSTOMER (PLEASE PRINT):					
PARENT COMPANY NAME:					
D/B/A (COMPANY LOCAL BUSINESS NAME):			DATE BUSINESS STARTED (M/Y):		
BILLING STREET ADDRESS:					
CITY:			STATE:	ZIP+4:	
PAYMENT CONTACT:		NAME:	TITLE:		
PHONE:	FAX:	EMAIL ADDRESS (REQUIRED) FOR STATEMENTS:			
BUSINESS PROPERTY IS: OWNED LEASED		COMPANY ORGANIZATION TYPE: CORPORATION PARTNERSHIP PROPRIETORSHIP GOVERNMENT OTHER			
CORPORATION'S LOCAL MANAGER OR REPRESENTATIVE:		NAME:	PHONE:		
CORPORATE OFFICER, PARTNER OR PROPRIETORSHIP OWNER		NAME:	PHONE:		
		HOME ADDRESS:	HOME:	RENT OWN	
		CITY:	STATE:	ZIP:	
		NAME:	PHONE:		
		HOME ADDRESS:	HOME:	RENT OWN	
		CITY:	STATE:	ZIP:	
PROPRIETORSHIP NEAREST RELATIVE NOT AT ABOVE ADDRESS		NAME:	PHONE:		
		HOME ADDRESS:			
		CITY:	STATE:	ZIP:	
MONTHLY PURCHASE VOLUME \$:		WILL YOU USE A PURCHASE ORDER SYSTEM?: YES NO	TAX STATUS FOR NAPA AUTO PARTS PURCHASES TAXABLE EXEMPT (ATTACH EXEMPTION FORM.)		
NAPA AGREEMENT (REQUIRES A SIGNATURE FROM AN OFFICER OR OWNER OF BUSINESS) The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit NAPA Auto Parts/Genuine Parts Company to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and NAPA Auto Parts/Genuine Parts Company that all purchases made on open account will be PAID IN FULL on or before the 20th day of the month following the date of the purchase. No unpaid account will be increased after the 20th day, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due will be assessed a finance charge on the unpaid portion at the highest rate allowable by applicable law until such time as the account has been brought current. In the event NAPA Auto Parts/Genuine Parts Company employs an attorney or collection agency to collect any amount due from applicant, then applicant shall be responsible for all costs of collections including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.					
AUTHORIZED SIGNATURE: (REQUIRED)			TITLE:		
COMPANY:			DATE:		
INDIVIDUAL PERSONAL GUARANTEE (REQUIRED FOR A NEW BUSINESS AND/OR AN OWNERSHIP CHANGE) I (print name) _____, residing at (print address) _____ For, and in consideration of your extending credit at my request to (Print Company Name) _____ As material inducement therefore, hereby absolutely and unconditionally guarantee to NAPA Auto Parts/Genuine Parts Company the due and punctual payment on demand of all debts and liabilities owed to NAPA Auto Parts/Genuine Parts Company by the Company. This guaranty shall remain an unconditional and continuing guaranty of payment, and not of collection. I acknowledge that my liability is primary rather than secondary. I do hereby waive of presentment, demand, protest, dishonor, default and/or nonpayment of such debts and notice of any modification or further extension of credit to the Company, to which I hereby contest. I further agree that no failure or delay on the part of NAPA Auto Parts/Genuine Parts Company in exercising of its rights hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such rights preclude any other or further exercise of any rights that NAPA Auto Parts/Genuine Parts Company may have under this guaranty, and that my obligations hereunder shall not be subject to any rights of setoff, recoupment, deduction or counterclaim. In the event my obligations herein are collected by or through a third party then NAPA Auto Parts/Genuine Parts Company shall be entitled to recover all costs of collection including attorney's fees.					
SIGNATURE:			DATE:		
PRINT FULL NAME:			SSN:		