



# Wyatt Auto Parts



KELOWNA: 1955 Baron Road, Kelowna, BC V1X 6W2 Tel: 250-763-5111 or 250-765-5119 Fax: 250-763-7151

WEST KELOWNA: 2476 Main Street, West Kelowna, BC V1X 6W2 Tel: 250-768-5196 Fax: 250-768-5911

### CREDIT APPLICATION

Legal Company Name: or Personal Name	
Trade Name: (if different than above)	
Billing Address:	
City:	Postal code:
Shipping Address: (if different than above)	
Phone #	Email Address:
Fax #	Cell #
GST#	PST# Exempt: Y/N
How long at present address?	Contact Names: Purchasing: Accounts Payable:
PO # Required? Y/N	Credit Amount Required:
Invoices: Mail Y/N Emailed Y/N	Monthly Statement: Emailed Y/N
Corporation: <input type="radio"/>	Partnership: <input type="radio"/> Proprietorship: <input type="radio"/>
Incorporation Date:	How Long in Business:
<b>PRINCIPALS/DIRECTORS:</b>	
Name	Position Address Phone #
1	_____
2	_____
<b>CREDIT REFERENCES: Business</b>	
Name	Address Phone # Fax #
1	_____
2	_____
3	_____
<b>BANK(S):</b>	
Name	Address Phone #
1	_____
2	_____
<b>TERMS AND CONDITIONS:</b> Terms are Net 30th of the month following. A service charge will be assessed on overdue balances. Deductions for holdbacks and/or contra charges are not to be deducted unless prior authorization is obtained from our company. Failure to comply with Terms and Conditions will result in cancellation of credit privileges without notice.	
<b>DECLARATION:</b> The information given is warranted to be true and is given for the purpose of obtaining credit, and in the event that credit is given, I/We agree to abide by your Terms and Conditions of sale. I/We also agree to pay service charges on overdue accounts at the rate shown on your invoice.	
AUTHORIZED SIGNATURE:	_____
PLEASE PRINT NAME:	_____
POSITION:	_____
DATE:	Month _____ Day _____ Year 20 _____