



www.spautoparts.com



Phone (800) 966-3673 Fax (856) 273-2878

**Ship to Address:**

Date \_\_\_\_\_

Name:

Tax ID:

Attn:

e-mail:

Street:

PO Box:

City:

State:

Zip Code:

Phone No. ( )

Fax No. ( )

**Bill to Address (if different from above):**

Attn:

e-mail:

Street:

PO Box:

City:

State:

Zip Code:

Phone No. ( )

**Please Check Appropriate Boxes:**

- PO Required an all orders (Please check if you would like a mandatory Purchase Order on every invoice)
- Allow Backorders (Please check if you would like out of stock items automatically backordered)
- Online Ordering (Please Check if you are interested in ordering online)

**Remarks:**

Owner's Name:

SS# or TIN#:

Years in Business:

**Credit Reference:**

Name:

Address:

City:

State:

Zip Code:

Phone No. ( )

Name:

Address:

City:

State:

Zip Code:

Phone No. ( )

**Name of Bank Reference:**

(Must Include Acct. No.)

Address:

City:

State:

Zip Code:

Phone No. ( )

Authorization to Release Bank Information-Authorized Signature

Date

**I. Complete if Business is Sole Proprietorship:**

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE IS THE SOLE PROPRIETOR OF THE ABOVE NAMED BUSINESS AND ACKNOWLEDGES A PERSONAL RESPONSIBILITY FOR THE PAYMENT OF ALL AMOUNTS DUE TO SP AUTO PARTS INC. FROM THE ABOVE NAMED BUSINESS. THE UNDERSIGNED ALSO ACKNOWLEDGES THAT IN THE EVENT THAT SP AUTO PARTS INC. IS REQUIRED TO INCUR COSTS FOR THE COLLECTION OF ANY AMOUNT DUE FROM YOUR BUSINESS, THEN SP AUTO PARTS INC. SHALL BE ENTITLED TO RECOVER ANY AND ALL COLLECTION COSTS INCLUDING ATTORNEYS FEES AND INTREST. INTREST SHALL BE CHARGED ON THE OUTSTANDING BALANCES AFTER 30 DAYS AT THE RATE OF 1.5% (18% ANNUALLY) ATTORNEY'S FEE SHALL BE CHARGED AT THE RATE OF 15% OF THE TOTAL AMOUNT DUE OR \$2500.00 WHICHEVER IS MORE. AS SECURITY FOR THE PROMPT AND COMPLETE PAYMENT THE UNDERSIGNED HEREBY GRANT TO PAUL MACHENRY A CONTINUING SECURITY INTEREST ("SECURITY INTEREST") IN ALL GOODS PROVIDED. TITLE TO THE GOODS SHALL NOT PASS UNTIL PAYMENT OF AMOUNTS(S) STATED IS RECEIVED IN FULL. THE UNDERSIGNED AGREES TO PERMIT PAUL MACHENRY TO FILE A UCC-1 WITH THE APPROPRIATE COUNTY AND STATE AGENCIES WITHOUT FURTHER SIGNATURE FOR ANY GOODS PROVIDED. **Complete if Business is Sole Proprietorship:**

Signature and Title

Name of Business

**II. Complete if Partnership or Corporation:**

THE UNDERSIGNED IS A GENERAL PARTNER/SHAREHOLDER (STRIKE ONE) OF THE ABOVE NAMED BUSINESS AND REPRESENTS THAT HE/SHE IS AUTHROIZED TO MAKE THIS CREDIT APPLICATION ON BEHALF OF THE ABOVE NAMED BUSINESS. THE CORPORATION/PARTNERSHIP (STRIKE ONE) IS PRIMARILY RESPONSIBLE FOR THE PAYMENT OF ALL AMOUNTS DUE TO SP AUTO PARTS INC.. INTREST SHALL BE CHARGED ON THE OUTSTANDING BALANCES AFTER 30 DAYS AT THE RATE OF 1.5% (18% ANNUALLY) PER MONTH. AN ATTORNEY'S FEE SHAL BE CHARGED AT THE RATE OF 15% OF THE TOTAL AMOUNT DUE OR \$2500.00 WHICHEVER IS MORE.

FURHTER THE UNDERSIGNED UNCONDITIONALLY PERSONALLY GUARANTEES THE PAYMENT OF ALL AMOUNTS DUE FROM THE ABOVE NAMED BUSINESS TO SP AUTO PARTS INC. IN THE EVENT THAT PAYMENT IS NOT MADE BY THE BUSINESS WHEN DUE. THE UNDERSIGNED UNDERSTANDS THAT THIS IS A CONTINUING GUARANTEE AND WILL REQUIRE NO FURTHER NOTICE TO THE GUARANTOR AND SHALL REMAIN IN FULL FORCE AND EFFECT AND APPLY TO ALL PRESENT AND FUTURE MATTERS AND TRANSACTIONS UNTIL WRITTEN NOTICE OF ITS DISCONTINUANCE IS RECEIVED BY SP AUTO PARTS INC.. IN THE EVENT OF SUCH NOTICE THE GUARANTEE WILL BECOME INEFFECTIVE FOR FUTURE INDEBTEDNESS ONLY.

THE UNDERSIGNED ALSO AGREES THAT HE/SHE SHALL ALSO BE RESPONSIBLE TO PERSONALLY PAY THE COST FOR COLLECTING ANY AMOUNT DUE TO SP AUTO PARTS INC. FROM THE ABOVE NAMED BUSINESS INCLUDING ATTORNEY'S FEES AND INTEREST. INTEREST SHALL BE CHARGED AT THE RATE OF 1.5% (18% ANNUALLY) FOR ALL ABLANCES DUE AFTER 30 DAYS AND ATTORNEY'S FEES SHALL BE CHARGED AT THE RATE OF 15% OF THE TOTAL AMOUNT DUE OR \$2500.00 WHICHEVER IS MORE. AS SECURITY FOR THE PROMPT AND COMPLETE PAYMENT THE UNDERSIGNED HEREBY GRANT TO PAUL MACHENRY A CONTINUING SECURITY INTEREST ("SECURITY INTEREST") IN ALL GOODS PROVIDED. TITLE TO THE GOODS SHALL NOT PASS UNTIL PAYMENT OF AMOUNTS(S) STATED IS RECEIVED IN FULL. THE UNDERSIGNED AGREES TO PERMIT PAUL MACHENRY TO FILE A UCC-1 WITH THE APPROPRIATE COUNTY AND STATE AGENCIES WITHOUT FURTHER SIGNATURE FOR ANY GOODS PROVIDED.

Personal Guaranty

Name of Business: \_\_\_\_\_

Signature of Owner

Printed Name/Title

**Official Use Only:**

Shipping Method: \_\_\_\_\_

Closest Customer: \_\_\_\_\_

Sales Person ID: \_\_\_\_\_

Discount Structure: \_\_\_\_\_

P & A Code: \_\_\_\_\_