

Commercial Credit Application

SupplyDIRECT, Inc.

dba PartsDIRECT

Your Company name: _____

Bill To Address: _____

City, St., Zip _____

Email Address: _____

Dunn & Bradstreet # _____

Office or Main Store ID if a chain: _____

If you have multiple locations, by attachment, please provide a detailed address list for our files.

Include ship to address for above: _____

Main Office phone number: _____

Main Fax number: _____

A/P Fax number: _____

Number or extension for accounts payable _____

Accounts payable contact name: _____

If there is a specific person that is responsible for ordering, please enter their name and job title: _____

Do you require a P.O. to be used when placing an order: _____

Bank Reference: _____

Bank Account Number: _____

Contact Person at Bank: _____

Bank Phone number: _____ Fax No _____

I do hereby authorize the above bank to provide any of my bank history so I may obtain credit from this company.

Signature

date

