

SSF IMPORTED AUTO PARTS

ACCOUNT APPLICATION

SSF Acco	unt Rep
Name	
Phone	
Fax	
Email	

	www.ssfautoparts.com PLEASE COMPLETE ALL FIELDS	FaxEmail			
COMPANY NAME			ACCT#		
BILLING ADDRESS					
CITY	STATE	ZI	P		
SHIPPING ADDRESS					
CITY	STATE	ZI	P		
PHONE	FAX	E-MAIL			
BUSINESS TYPE (CHECK	ALL THAT APPLY) INSTALLER COLLISION REPAIR	AUTHORIZED DEALER	RESELLER		
# OF TECHNICIANS	# OF SERVICE BAYS	% OF EUROPEAN SERVICE	D		
YEAR STARTED _		ED MONTHLY SSF PURCHASE			
REQUESTED PAYMENT TERMS (CHECK ONE) CASH** COMPANY CHECK MONTHLY BILLING/NET 30*** **Common courier, (i.e. UPS, FedEx, etc) must be paid with a Cashiers Check or Money Order. Couriers do not accept cash. ***Please also complete the credit application					
FEDERAL TAX ID NUM			/st		
PROPRIETORSHIP (CH		DATE INCORPORATED	<u> </u>		
1. OWNER NAME					
2. OWNER NAME		TITL	<u> </u>		
USA CUSTOMERS I HE	EREBY CERTIFY: THAT I HOLD A VALID SELLER'S PERMIT NUMB	ER:	/ ST		
THE TANGIBLE PERSONAL PROPERTY (=AUTO PARTS) I/WE INTEND TO PURCHASE WILL BE RESOLD IN THE FORM OF TANGIBLE PERSONAL PROPERTY; PROVIDED HOWEVER, THAT IN THE EVENT OF SUCH PROPERTY IS USED FOR ANY PURPOSE OTHER THAN RETENTION, DEMONSTRATION, OR DISPLAY WHILE HOLDING IT FOR SALES IN THE REGULAR COURSE OF BUSINESS, IT IS UNDERSTOOD THAT I AM REQUIRED BY THE SALES AND USE TAX LAW TO REPORT AND PAY TAX, MEASURED BY THE PRICE OF SUCH PROPERTY OR OTHER AUTHORIZED AMOUNT.					
	TERMS AND CONDITIONS				
PAYMENT TERMS SSF Terms of Payment are Cash, Credit Card, COD, or Monthly Billing. COD and Monthly Billing are based on approval and Monthly Billing requires completion of all indicated fields on the credit application. For any customers requesting COD or Monthly Billing, SSF will obtain a business credit report for evaluation purposes. COD terms are company check or company credit card. Monthly Billing/Net 30: The net amount of each monthly statement is due 30 days from the date of the invoice. All goods remain the property of SSF until paid in full. Monthly Billing accounts that are more than 30 days past due will be subject to a 1.5% late payment charge and will be automatically changed to a COD account. In the event the account is collected by suit or otherwise, the customer will pay the attorney fees. Returned checks: There will be a \$40.00 fee for each returned check. REBIGHT TERMS All orders will be shipped Freight. Collect within 24 hours, best way, at SSF's discretion. NOTE: The minimum order amount is \$50.00. Prices are subject to change without notice. CLAIMS/RETURN OF MERCHANDISE Within 5 days after receipt of each shipment, any shortage, wrong parts, concealed damage, etc. discovered must be reported to a SSF salesperson. All items to be returned must have an Authorization Number issued by a SSF salesperson and must be shipped prepaid within 10 days of receipt of the Authorization Number. NO PARTS WILL BE ACCEPTED ON STOCK RETURNED BEYOND 60 ADX'S FROM THE DATE OF PURCHASE. The returned merchandise must be accompanied by the original invoice or pickpack and be unused, resalable and still in the original, undamaged package. There are no returns accepted on Tools, Electrical Parts, or Special Orders. There are no returns accepted on Tools, Electrical Parts, or Special Orders. A minimum Restocking Fee of 10% will be charged for returns resulting from ustomer error. Defective items will be replaced or credited. However, we will not guarantee parts which became defective due to improper i					
COMPAN	NY NAME				
AUTHORIZED SIG	GNATURE	TITLE			
PRII	NT NAME	DATE			



SSF IMPORTED AUTO PARTS

MONTHLY BILLING CREDIT APPLICATION

SSF Account Rep				
Name				
Phone				
Fax				
Email				

	www.ssfautoparts.com	Fax Email			
COMPANY NAME		ACCT#			
CREDIT LIMIT REQUESTE	CREDIT LIMIT REQUESTED \$				
BUSINESS BANK REFERE	:NCES				
1. Bank Name	Address				
Checking Acct#	Phone Number	Fax Number			
Savings Acct#	Email				
VENDOR CREDIT REFERE	ENCES (Any vendors with similar monthly spend)				
1. Vendor Name	Address				
Account #	Contact Name				
Credit Limit	Phone	Fax			
2. Vendor Name	Address				
Account #	Contact Name				
Credit Limit	Phone	Fax			
3. Vendor Name	Address				
Account #	Contact Name				
Credit Limit	Phone	Fax			
I/WE AUTHORIZE OUR ABOVE REFERENCES TO RELEASE CREDIT INFORMATION TO SSF IMPORTED AUTO PARTS. COMPANY NAME					
AUTHORIZED SIGNATURE					
PRINT NAME		DATE			