



PHONE:  
(800)-358-8770  
(814) 893-5418

FAX: (814) 893-6262

5079 Lincoln Highway  
P.O. Box 240  
Stoystown, PA. 15563

**APPLICATION FOR CREDIT**

Referred by: \_\_\_\_\_  
(Our Sales Representative or other)

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Number of years in Business: \_\_\_\_\_

Primary nature of your business: \_\_\_\_\_

Fed EIN# \_\_\_\_\_ Owners Name: \_\_\_\_\_

Contact Person(s): Parts Dept.: \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

Body Shop: \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

Other: \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

Is a purchase order required?  Yes  No

Sales Tax Exempt?  Yes  No

Sales Tax Exempt Number \_\_\_\_\_

*(If yes, please complete the tax exemption form attached.)*

*In Pennsylvania, if a tax exemption form is not completed, you will be charged sales tax for your purchases. We must have a completed exemption form on file for the exemption.*

***Please complete all of the information requested along with the Credit Reference sheet, tax exemption form (if applies) in order for us to process your request for credit.***

**APPLICATION FOR CREDIT**

**CREDIT REFERENCES**

*(Please do not use any banks, retail stores or credit card companies as references)*

1.) \_\_\_\_\_  
NAME PHONE#

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

Contact Name \_\_\_\_\_ (Fax# or email) \_\_\_\_\_

2.) \_\_\_\_\_  
NAME PHONE #

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

Contact Name \_\_\_\_\_ (Fax# or email) \_\_\_\_\_

3.) \_\_\_\_\_  
NAME PHONE #

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

Contact Name \_\_\_\_\_ (Fax# or email) \_\_\_\_\_

**Return by mail or fax to 814-893-6262**