

APPLICATION FOR CREDIT
www.InstallationPartsSupply.com



Company _____ Established _____ Ph# _____

Owner(s)/Officer(s) _____ Fx# _____

Principals _____ E-MAIL ADDRESS _____

Bill To _____ Ship To _____

City, State, Zip _____ City, State, Zip _____

A/P Ph# _____ A/P Manager, Contact or Agent _____ TIN _____

Business Type SOLE - PARTNERSHIP - CORPORATION Incorporated under the laws of the State of _____

Present Location Since _____ WEB ADDRESS _____

OWNERS OR PRINCIPALS MUST COMPLETE THE FOLLOWING PERSONAL INFORMATION FOR OPEN CREDIT WITH IPS as with any creditor.

Home Address _____ City _____ State _____ Zip _____

SS# _____ - _____ - _____ Drivers License # _____ State of Issue _____ Expiration _____

BANK REFERENCE

Bank Name _____ Acct# _____ Ph _____

Address _____ City _____ State _____ Fx _____ Zip _____

TRADE REFERENCES

Company _____ Acct# _____ Ph _____

Address _____ City _____ State _____ Fx _____ Zip _____

Company _____ Acct# _____ Ph _____

Address _____ City _____ State _____ Fx _____ Zip _____

Company _____ Acct# _____ Ph _____

Address _____ City _____ State _____ Fx _____ Zip _____

Company _____ Acct# _____ Ph _____

Address _____ City _____ State _____ Fx _____ Zip _____

D&B # & Rating _____ **OUR TERMS ARE NET 30 DAYS, HOW DO YOU TYPICALLY PAY?** *(circle one)* Early / 31-35 / 35-40 / 40-45 / 45-50 / 60-90

The undersigned swears that the information provided is true and correct and agrees to IPS Terms and Conditions as outlined in the IPS Parts Catalog and to the following statement: I promise to make all payments promptly, when due, according to the terms of the Sales Invoice. Should it become necessary for IPS to file lien or suit or to utilize the services of an attorney or collection agency to handle delinquent account activity, I agree to bear any-and-all expenses including finance charges incurred. Finance charges of 24% per annum or 2% month will be charged to past due invoices and additional balances. There will be a service charge of \$100.00 for each invoice turned over to collections/attorneys.

Officer / Owner Signature _____ Date _____

Officer / Owner printed name _____ Title _____



***PLEASE NOTE, WE WOULD APPRECIATE ALL OF THE REQUESTED INFORMATION BE COMPLETED.**
Your readymade form is acceptable, carefully review both documents to make sure all the requested information not included on your form is filled in on this form, please sign, date and return.
We will guarantee payment of our account if past due with the use of this credit card info or info on file.

Card# _____ - _____ - _____ CVV# _____ Exp / / Name on Card _____

Billing Address _____ City _____ State _____ Zip _____