



Boerne Auto & Truck Supply Inc. 32128 IH 10 West Boerne Texas 78006 (830) 249-3041 Fax (830) 249- 6095

Date: FED ID # TAX EXEMPT #

Name of Business:

Phone #

Physical Address:

City: State Zip Code: Fax #

Web Site: E-Mail: @

Mailing Address: If Different than Above

City: State Zip Code

Years In Business

Type of Business (Please Check One)

Corporation S Corp. LLC
Proprietorship Partnership

Do you require a PO #: YES NO Estimated Monthly Purchases

Names of Authorized People to order & Sign for product:

<u>NAME</u>	<u>Title</u>	<u>Phone #</u>

Type of Account Requested			
Charge	<input type="checkbox"/>	Cash	<input type="checkbox"/>

I understand it is my responsibility to provide in writing to Boerne Auto & Truck Supply Inc, any changes of people that are authorized to make purchases for our company. _____ INITIAL

Ownership of Company Requesting Credit

<u>NAME OF PRINCIPAL(S)</u>	<u>Title</u>	<u>COMPLETE HOME ADDRESS</u>	<u>PHONE #'S</u>	<u>Social Sec. #</u>

Finance Information for company or Individual requesting a charge account:

<u>BANK NAME OR LENDING INSTITUTION</u>	<u>ADDRESS</u>	<u>State</u>	<u>Zip Code</u>
<u>BANK OFFICER OR CONTACT</u>	<u>PHONE NUMBER</u>		
<u>Bank Account Number</u>			

REFERENCES OF BUSINESSES YOU ARE DOING BUSINESS WITH:

<u>Name of Business</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Fax #</u>	<u>Phone #</u>

BY APPLYING FOR CREDIT WITH BOERNE AUTO & TRUCK SUPPLY, INC, I (WE) UNDERSTAND IF GRANTED CREDIT WE AGREE TO ABIDE BY ALL TERMS PROVIDED TO US. We certify that all information is correct. We fully understand our credit terms by initialing and signing below.CREDIT

Credit Terms: 2% 10th Net 20th COD 21st.

1. Customers may take a 2% discount when payment is received by the 10th of the Month following the statement which ends on the last day of each month. The statement **provides the correct amount** that may be discounted when all invoices are paid by the 10th.
2. All invoices that are not paid by the 15th of the month following the statement will accrue a service charge of 1.5% monthly 18% annually. If no payment is made by the 25th an additional late fee of \$30 will be accessed.

We Certify That all information is Initial

We Fully Understand your Credit Terms:

Signature of Corporate Officer or Owner: _____

Date _____

Please Print Name:

Title

Verification of Information:	OFFICE USE ONLY:
_____	Date _____
Reference Checked BY: _____	Credit Approved BY _____
Account # _____	Credit Amount Approved _____