

NEW ACCOUNT APPLICATION

SPITZ AUTO PARTS / SPITZ HEAVY DUTY

12570 Route 30, Irwin, PA 15642

Phone: (724) 864-2300 Fax: (724) 864-7567

CREDIT SUMMARY

DATE _____

The complete name of your business is: _____

d/b/a: _____

"Bill To" Address:

Street _____ City _____ State _____ Zip _____ Phone _____

"Ship To" Address:

Street _____ City _____ State _____ Zip _____ Phone _____

List Branches, If Any:

We operate _____ business, established in _____.
(State type and nature of business)

Corporation _____ Co-Partnership _____ Limited Partnership _____ Individual Business _____

Incorporated in State of _____

Parent Company or Affiliates:

Our principal owners or stockholders and officers are:

Name Relationship to Business

Bank Information: _____ Checking Account Number _____

Name Address Phone Contact

Please list Principle Sources of Supply below for credit references: (Vehicle Parts References, please)

Name	Address	Phone	Years Doing Business
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_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone	Years Doing Business
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_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone	Years Doing Business
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_____	_____	_____	_____
_____	_____	_____	_____

Accounts Payable Contact at Your Company:

Name: _____ Title: _____

In the event of default, the undersigned agrees to pay interest at 1.5% per month (18% per year), as well as, all costs incurred in collection including, but not limited to, attorney fees.

ALL INFORMATION WILL BE HELD IN STRICTEST OF CONFIDENCE