

R. STROUD'S, INC.

AUTO PARTS

&

SCRAP METAL

6118 HWY. 96 WEST

YOUNGSVILLE, NC 27596

Phone 919-556-7888

Fax 919-570-0334

EMAIL: PARTS@RSTROUD.COM

CREDIT APPLICATION / PURCHASING AGREEMENT

COMPANY NAME & ADDRESS

BILLING ADDRESS

PHONE: _____

BOOKKEEPER: _____

FAX #: _____

E-MAIL: _____

FED. TAX ID# _____

SALES TAX# _____

ACCOUNT REFERENCES

PLEASE LIST THREE BUSINESS REFERENCES THAT YOU HAVE AN ACCOUNT WITH.

PURCHASING INFORMATION

IS A PURCHASE ORDER # REQUIRED FOR PURCHASE? _____ YES _____ NO

I/WE UNDERSTAND AND AGREE THAT THE ABOVE INFORMATION PROVIDED BY THE ABOVE LISTED COMPANY APPLYING FOR CREDIT IS TRUE. ANY CREDIT GRANTED WILL BE PAID PROMPTLY IN ACCORDANCE WITH THE TERMS AND AGREEMENTS WITH SAID TRANSACTION. THE CREDITOR MAY ADD (1.5 %) ONE AND A HALF PERCENT PER MONTH TO ANY BALANCE OWED. IN THE EVENT OF DEFAULT I/WE AGREE TO PAY ANY COLLECTION FEES AND/OR ANY ATTORNEY FEES OR OTHER CHARGES PERMITTED BY LAW GOVERNING THESE TRANSACTIONS. I/WE THE OWNERS OF THE COMPANY APPLYING FOR CREDIT WOULD ASSUME PERSONAL RESPONSIBILITY FOR THIS DEBT SHOULD THE ACCOUNT BECOME DELINQUENT.

OWNER-1 INFO PLEASE PRINT MUST !!

OWNER-2 INFO PLEASE PRINT IF APPLICABLE

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CELL PHONE: _____

CELL PHONE: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____