



# Credit Application

XL PARTS COMPANY  
15701 N.W. Freeway  
Houston, TX 77040  
(713) 983-1100 Fax (713) 983-1372

DATE: \_\_\_\_\_ STORE: \_\_\_\_\_

Sales # \_\_\_\_\_ ZONE: \_\_\_\_\_

# of Bays \_\_\_\_\_ # of Techs \_\_\_\_\_

COMPANY LEGAL NAME: \_\_\_\_\_

BUSINESS NAME (DBA): \_\_\_\_\_

### BILLING INFORMATION:

CONTACT PERSON: _____		EMAIL: _____	
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	CELL: _____	FAX: _____	
<b>Type of Business:</b> <b>Sole Proprietor</b> _____ <b>Corporation</b> _____ <b>Partnership</b> _____			
<b>If a Partnership, which type:</b> <b>General Partnership</b> _____ <b>L.P.</b> _____ <b>L.L.P.</b> _____ <b>L.L.C.</b> _____			

Name of Owners or Officers	Home Address	Drivers License No.	Social Security No.
1.			
2.			

Bank Name	City	Telephone	Officer	Account Number
1.				

### CREDIT REFERENCES:

Company Name	Address	City, State	Telephone	Account Number
1.				
2.				

**PURCHASE ORDER REQUIRED?**    YES    or    NO                                    **TAXABLE?**    YES    or    NO

**REQUESTED ACCOUNT TYPE:** (SUBJECT TO CREDIT APPROVAL)    CASH \_\_\_\_\_    WEEKLY \_\_\_\_\_    MONTHLY \_\_\_\_\_

**Are you interested in ordering parts on-line?**    YES: \_\_\_\_\_    NO: \_\_\_\_\_    Please tell me more: \_\_\_\_\_

**Terms and Conditions:** **Cash Account** – Payment required for each purchase at the time of the sale. **Weekly Account** – Statement for all purchases will be mailed on Monday of the following week and due Friday of that week. **Monthly Account** – Statement is mailed the 1<sup>st</sup> of each month and due by the 10<sup>th</sup> of each month. All accounts are subject to a monthly late fee of 1 ½ % on all past due balances. The terms of this contract are enforceable in the courts of Harris County. All credits, including credits for returns will be applied to the oldest balance due. Weekly and Monthly accounts – If payments are not made within the schedule listed above, XL Parts Partnership, Ltd. reserves the right to place the account in a “COD” status without notification requiring pre-payment for future sales.

I AUTHORIZE XL PARTS, PARTNERSHIP, LTD TO INVESTIGATE AND VERIFY MY INDIVIDUAL/COMPANY CREDIT AND ALL OF THE INFORMATION LISTED. I AGREE TO THE TERMS LISTED ABOVE AND ACKNOWLEDGE THAT BY SIGNING AS A REPRESENTATIVE OF THE COMPANY, THE COMPANY IS AGREEING TO PAY FOR ALL PURCHASES IN FULL PLUS COURT COSTS, ATTORNEY FEES, COLLECTION AGENCY FEES, AND OTHER COSTS INCURRED IN COLLECTION OF ALL AMOUNTS DUE.

\_\_\_\_\_  
**SIGNATURE (must be owner and / or officer of company)**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**YOUR TITLE**

**GUARANTEE:** THE UNDERSIGNED PERSONALLY GUARANTEES AND AGREES TO PAY WHEN DUE, OR UPON DEMAND, THE FULL AMOUNT DUE TO XL PARTS PARTNERSHIP, LTD. BY THE COMPANY IN CONNECTION WITH SUCH SALES ON CREDIT, PLUS REASONABLE ATTORNEY FEES AND ALL COLLECTION COSTS INCLUDING COLLECTION AGENCY FEES. I ACKNOWLEDGE THAT IN THE EVENT THE ACCOUNT EVER GOES INTO DEFAULT, XL PARTS WILL PURSUE ME PERSONALLY FOR THE AMOUNT DUE AND MAY REPORT ON MY PERSONAL CREDIT FILE THE DEROGATORY CREDIT INFORMATION RELATED TO THE PERFORMANCE OF THIS ACCOUNT TO THE CREDIT REPORTING AGENCIES. WHENEVER THERE IS A CHANGE OF OWNERSHIP, I AGREE THAT XL PARTS MUST RECEIVE WRITTEN NOTIFICATION VIA CERTIFIED MAIL BY PERSON(S) WITHDRAWING FROM OR DISPOSING OF THEIR INTEREST IN SAID BUSINESS. UNTIL SUCH NOTIFICATION IS RECEIVED, I SHALL REMAIN LIABLE FOR ALL DEBTS INCURRED IN THE OPERATION OF SAID BUSINESS.

**SIGNATURE (MUST BE AN OWNER OR OFFICER)** \_\_\_\_\_                                    **DATE** \_\_\_\_\_

**(PLEASE PRINT YOUR NAME AS SIGNED ABOVE)** \_\_\_\_\_