



Business Type:	☐ Individual/Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ LLC/ LLP		
Legal Business Name:		Federal Tax ID No:	
Business Address:			
Business Phone:		Fax Number:	
Owner Name:		Year in Business:	
A/P Contact:		Phone:	
		E-Mail:	
Sales Tax Exempt:	☐ Yes Tax Exempt# _____ ☐ No <i>(if yes, attach the current exemption certificate)</i>		
Shop Type:	☐ Bodyshop ☐ Chain Store		

Payment Term:	☐ COD ☐ Net 14 Days ☐ Net 30 Days
	<i>(If applying, please fill out the bank reference & Trade Reference as below)</i>

Bank Name:		Account#		Contact Name:	
Address:					
Phone No:		Fax:			

Name:		Contact Name:		Phone:	
Address:				Fax:	
Name:		Contact Name:		Phone:	
Address:				Fax:	
Name:		Contact Name:		Phone:	
Address:				Fax:	

I hereby Authorized Frontier Auto Parts Inc. to verify my reference and to contact Credit Reporting Agency/Bank for purposes of obtaining credit. I do hereby certify that the information provided herein is true and accurate and it is understood that the creditor will rely thereon. If is agrees that in the event that this or any account of the applicant is not paid according to it's terms, the applicant will be additionally liable for all collection agency fees and all cost incurred in collection included, but not limited to attorney fees, interest of the highest amount permitted by law and cost and disbursement if collection procedures are required.

Personal Guarantee

To induce creditor to grant the above named company (the applicant), I (We)do hereby personally guarantee the payment of any and all accounts of the applicant with respect to the purchase of good and service in the even that the applicant fails to pay said account(s), it is agreed that the applicant will be liable for all collection agency fees and all cost incurred in collection include, but not limited to, attorney fees, interest of the highest amount permitted by law and cost and disbursements of collections.

*Send completed form to accounting@frontierparts.com