



# LYNOL Truck Parts

## BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name DBA:			<input type="checkbox"/> Sole proprietorship  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> Other
Phone   Fax			
Contact Name & Email for POs			
Registered company address City, State ZIP Code			
Account Payable	Contact:	Email:	

## BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Number of Employee	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Business Type	
E-mail		Business Type: Distributor/Wholesaler/Retailer/Repair/Others	

## BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Amount Monthly Purchase		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Amount Monthly Purchase		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Amount Monthly Purchase		Other	

## CREDIT LINE / PAYMENT TERMS

Credit Line Expected			
Preferred Payment Term	<input type="checkbox"/> COD <input type="checkbox"/> 1 <sup>st</sup> Each Month <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/> Weekly		
BANK NAME			
Account Numbers			
TYPE Business Account	<input type="checkbox"/> Checking <input type="checkbox"/> Saving		
BANK ADDRESS			
Bank Account Manager to Contact	Name:	Phone#	

## AGREEMENT

1. By submitting this application, you authorize LYNOL Truck Parts to make inquiries into the banking and business/trade references that you have supplied.
2. You must provide us with your state sales tax number and a copy of your state resale certificate or exemption certificate.

### SIGNATURES OF APPLICANT

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

### APPROVAL/DECLINE-LYNOL USE ONLY

Signature		Signature	
Name and Title		Name and Title	
Date		Date	
COMMENT		COMMENT	