CUSTOMER ACCOUNT APPLICATION

ROWERDINK
AUTOMOTIVE PARTS SINCE 1919

BUSINESS INFORMATION

Name: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Length of Time in Business: _____ Number of Employees: _____

Primary Type of Business: _____

Is Your Business a: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Purchase Order Needed? ☐ Yes ☐ No

Desired Payment Type: ☐ C.O.D. ☐ Credit

Bank Name: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

OWNER INFORMATION

Name(s): _____ Email: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

TRADE REFERENCES

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees.

_____

[Signature of Applicant]