



1211 68<sup>th</sup> Street  
 Baltimore, MD 21237  
 Phone: 410-866-3306 Fax: 410-866-0059  
**CRW PARTS.COM**

### CREDIT ACCOUNT APPLICATION

***\*\*All sections must be completed and the application must be signed to open the Account.***

<u>Section 1 - General Information</u>	
Company Name: _____	Phone: _____
	Fax: _____
Year Business Established: _____	State of Incorporation: _____
At Present Location Since: _____	Federal Tax ID #: _____
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Estate
Sales Tax Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No      (If "Yes" complete Section 7 on Page 3)
<u>Section 2 - Credit Information</u>	
Estimated monthly purchases? _____	Approx. initial order? _____
Approx. Inventory Value: _____	
Is inventory clear of liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current financial statement available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business References (include Open Accounts only):	
1) Name: _____	Street: _____
City: _____	State: _____ Zip: _____
Contact: _____	Phone: _____ Fax: _____
2) Name: _____	Street: _____
City: _____	State: _____ Zip: _____
Contact: _____	Phone: _____ Fax: _____
3) Name: _____	Street: _____
City: _____	State: _____ Zip: _____
Contact: _____	Phone: _____ Fax: _____

Section 3 - Bill To Information

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are purchase order #s required on all purchase orders?  Yes  No

Is a list of persons authorized to sign purchase orders attached to this application?  Yes  No

Section 4 - Ship To Information

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Section 5 - Proprietor, Partner, or Corporate Officer Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 6 - Bank Information

Bank Name: \_\_\_\_\_ Checking Acct #: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For Office Use Only

Salesmen: \_\_\_\_\_ Salesmen #: \_\_\_\_\_

Location: \_\_\_\_\_ Ship Via: \_\_\_\_\_

Type: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_

Potential Annual Sales: \_\_\_\_\_

Stocking Customer?  Yes  No If yes, what lines? \_\_\_\_\_

Branch Manager Authorization: \_\_\_\_\_

Section 7 - Sales Tax Exemption Certificate (only complete if exempt from sales tax)Issued To: CRW Parts, Inc. Address: 1211 68th Street, Baltimore, MD 21237

I Certify that:

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is Engaged as a registered:  Wholesaler  Retailer Manufacturer  Lessor

And is registered with the listed states and cities within which your firm would deliver purchases to us and that any such provisions are for wholesale, resale, or components of a new product to be resold, leased, or rented in the normal course of our business.

We are in the business of wholesaling, reselling, manufacturing, leasing (renting) the following: \_\_\_\_\_

City or State: \_\_\_\_\_ State Registration # of ID #: \_\_\_\_\_

City or State: \_\_\_\_\_ State Registration # of ID #: \_\_\_\_\_

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or information the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city of state.

General description of product to be purchased from the seller: \_\_\_\_\_

To our customers:

In order to comply with the majority of state and local sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered.

**By signing, we authorize CRW Parts, Inc. to obtain such information, including inquiries of the information provided, as may be deemed pertinent to the opening of an account in our Company name.**

**By signing, we have read and understand CRW Parts, Inc. return and exchange policy as follows:**

**Merchandise returns must be returned within 60 days and are subject to a 25% handling charge after 30 days. Special order returns must be returned within 15 days and are subject to a 25% handling charge and applicable costs for freight-in to our warehouse and freight-out to ship back to the factory. Cores must be returned in original boxes within 45 days.**

**The factory warranty constitutes all the warranties with respect to the merchandise sold. Defect return eligibility aligns with the factory warranty's terms and conditions. CRW Parts, Inc. hereby expressly disclaims all warranties either expressed or implied, including implied of warranty of merchantability and fitness, with respect to the merchandise sold. CRW Parts, Inc. neither assumes nor authorizes any other person to assume for it any liability in connection with the merchandise sold.**

**By signing, we agree to the terms of a credit account. This account is due and payable net on or before the 10th of the month following the date of purchase, subject to a 1.5% service charge per month (APY 18%) on any past due balance. In the event it becomes necessary for CRW Parts, Inc. to incur collection costs or institute suit to collect under this agreement, or any portion thereof, we agree to pay such additional costs and such sums as the Court may adjudge reasonable as attorney fees in said suit.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_