

Matlock's Auto Recycling Centers

"Over Fifty Years Experience"

704-278-2258

www.matlocks.com

800-428-0035

16055 Cool Springs Road
Cleveland, NC 27013



2681 Heart Drive
Claremont, NC 28610

APPLICATION FOR COMMERCIAL CREDIT ACCOUNT

The following information will remain confidential. Most applications are processed within 5 business days. You will be notified when your account is set up. Please, fax in form to 704-278-2255 or email to matlocks.accts@gmail.com

Date: _____

Please provide the following information.

Business Information

Full Legal Name of Business: _____

First year of business: _____ Business Type*: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax #: _____

*Business type options are proprietorship, corporation, partnership, LLC, or government.

Principal Owner Information

Owner information will only be used if there are issues with past due accounts.

Name: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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Account Preferences

Purchase Order Required?: Yes / No One Invoice per PO?: Yes / No

Sales Tax Exemption*: Yes / No *Certificate must accompany application.

Banking Information

Bank Name: _____

Bank Contact Person: _____ Bank Phone #: _____

Business Account #: _____

Bookkeeping Information

Name of Bookkeeper: _____

Phone and Ext.: _____ Email: _____

Authorized Purchasers

All persons listed above as authorized will be considered authorized to purchase until written notice is received by Matlock's. Applicant is responsible for all purchases made by authorized purchasers.

Name	Title	Phone/Extension

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References:

Before being approved for credit Matlock's Used Cars and Parts Inc. checks out references of your suppliers. Please, do not give any utilities or credit card companies. Please, give the person who handles the accounts receivables as the point of contact.

1.) Company Name: _____ Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

Point of Contact: _____ Phone #: _____

Fax #: _____ Email: _____

2.) Company Name: _____ Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

Point of Contact: _____ Phone #: _____

Fax #: _____ Email: _____

3.) Company Name: _____ Acct #: _____

Address: _____

City: _____ State: _____ Zip: _____

Point of Contact: _____ Phone #: _____

Fax #: _____ Email: _____

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In consideration of Matlock's selling to me or my agent(s), I (we) agree to the following terms: I understand that credit is extended on a 30 - day basis. Terms are net 10th. Statements will be sent at the 1st of the month. I personally guarantee payment for all purchases by the above applicant for an open account with Matlock's Auto Recycling Centers. I understand that past due accounts may be charged interest up to the legally allowable maximum. I understand checks returned will be charged a Twenty-Five Dollar (\$ 25.00) Returned Check Fee. I understand that past due accounts may be charged interest up to the legally allowable maximum. I agree to pay all legal fees, and all other cost/expenses which may be incurred in the event it is necessary to collect this account if it is past due.

Signature: _____ Date: _____