



Morrison's Auto Parts  
6307 State Road 59W  
Edgerton, WI 53534  
www.morrisonsauto.com

(608) 884-4436  
800-866-2277  
Fax (866) 465-0046

### CREDIT APPLICATION

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of as printed on page two. PLEASE PRINT OR TYPE REQUIRED INFORMATION and unreadable information and credit application will be denied. Thanks.

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

DBA (if different from above): \_\_\_\_\_

Contact Person for parts: \_\_\_\_\_ accounting: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Federal tax ID#: \_\_\_\_\_ website: \_\_\_\_\_

Type of business: \_\_\_\_\_ Date established: \_\_\_\_\_

Are you a :

Corporation If yes, State of incorporation: \_\_\_\_\_

Names, Titles, and addresses of three of your chief corporate officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Partnership

Names, titles, and addresses of partners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sole Proprietor

Name and address of owner

\_\_\_\_\_

Are you sales tax exempt ? \_\_\_\_yes \_\_\_\_no Sales tax exempt # \_\_\_\_\_

Have you ever had credit with us before ? \_\_\_\_\_yes \_\_\_\_\_no

If yes, under what name ? \_\_\_\_\_

Authorized purchasers: \_\_\_\_\_

Purchase order required ? \_\_\_\_\_yes \_\_\_\_\_no

**TRADE REFERENCES** (must have all three filled in)

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

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

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

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

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

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

**BANK REFERENCE**

Name of Bank : \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

The above information is true and is given to induce to extend credit to the applicant. My company and I authorize Morrison's Auto Inc. to perform a credit investigation, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself.

1. Bills are sent on the first day of each month. All bills become payable in full on the 10th day of the month and if not paid by the End of the month are considered past due.
2. Accounts 90 days past due will be charged to this credit card and will be converted to COD accounts. **WE DO NOT EXTEND CREDIT WITHOUT RECEIVING A CREDIT CARD NUMBER FROM YOU.** By providing this information, you Authorize us to charge your account balance to this credit card if the account becomes 90 days past due.

**CREDIT CARD INFO** :card type (please circle)VISA                      MASTERCARD    DISCOVER

CARD # : \_\_\_\_\_ EXP DATE : \_\_\_\_\_

CVV : \_\_\_\_\_(this is the 3 digits on the back of the card)

NAME ON CREDIT CARD: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

3. No additional credit will be extended to past due accounts .
4. **PERSONAL GUARANTEE:** The person signing this application personally guarantees payment for all items purchased on credit by applicant. The signor hereby personally guarantees payment to Morrison's Auto Inc. any obligation of the applicant named herein and hereby agrees to bind him/herself to pay on demand any sum which may become due whenever the applicant shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the applicant. The signor hereby waives notice of default, non payment and notice thereof and consents to any modification or renewal of the credit agreement hereby guaranteed.
5. If the applicant and personal guarantor fail to pay the account and Morrison's Auto Inc must resort to collection efforts to obtain payment, applicant and personal guarantor agree to be responsible for all cost of collection, including, but no limited to reasonable attorney's fees.

I have read the terms and conditions stated above and agree to all of these terms and conditions. IF THIS FORM IS NOT FILLED OUT IN IT ENTIRETY NO CREDIT WILL BE EXTEDNED.

Authorized signature (owner) : \_\_\_\_\_ Title: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date : \_\_\_\_\_