



Hennig Auto Parts, Inc. CREDIT APPLICATION

PLEASE PRINT LEGIBLY

Individual submitting this application: _____ Phone #: _____

Company name: _____

Phone: _____ Fax: _____ E-mail: _____

Billing address: _____

City: _____ State: _____ ZIP Code: _____

Shipping address: _____

City: _____ State: _____ ZIP Code: _____

Date business started: _____ SS# or Tax ID# _____ Tax Exempt # (WA) _____

Contact Name Re: Payment _____ E-mail: _____ Phone#: _____

PERSONAL INFORMATION ON OWNERSHIP
IF PARTNERSHIP, INCLUDE ALL PARTNERS, IF CORPORATION, INCLUDE ALL OFFICERS

Name(s) of Principals	Position	Home Address	Home/Cell Phone#

BUSINESS/TRADE REFERENCES
PLEASE PROVIDE AT LEAST THREE CREDIT REFERENCES WITH OPEN ACCOUNTS OLDER THAN 30 DAYS.
A VALID FAX NUMBER OR E-MAIL ADDRESS IS REQUIRED.

Company name: _____ **Account #:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Company name: _____ **Account #:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Company name: _____ **Account #:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Will you use a Purchase Order System? _____
 You will be buying PRIMARILY from which store location? _____
 Your payment will be made: Monthly by statement: _____ By invoice frequently: _____ Other: _____

COMPANY PERSONNEL AUTHORIZED TO PURCHASE

Attach another sheet if necessary.

The undersigned applicant does hereby certify that the information given is correct and complete, and further agrees to permit Hennig Auto Parts, Inc. to use this information to obtain additional required credit information. If, after reviewing all credit information, this application is approved, it is agreed and understood by the undersigned and by Hennig Auto Parts, Inc. that all purchases made on open account will be paid **IN FULL** on or before the **25th** of the month following the date of purchase. No unpaid account will be increased after the 25th, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due, will be assessed a finance charge on the unpaid portion at the applicable monthly rate until such time as the account has been brought current. In the event of default, any amount due on said account and all costs of collection, including (without limitation) attorneys' fees, will be charged.

This application must be signed by an Authorized Principal as indicated on the first page of this application.

Company Name: _____

Printed Name: _____ Title: _____

Signature: _____ Date: ____/____/____

The undersigned agrees to assume the full responsibility of charge purchases made on the account by any of the applicant's authorized purchasers listed above, or as from time to time revised. In consideration of the credit extended hereunder, the undersigned (who, if two of more in number shall jointly and severally be liable) hereby unconditionally and personally guarantee(s) full payment of the account.

Printed Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Please forward completed application to our Corporate Office:

**Hennig Auto Parts, Inc.
 PO Box 2890
 Hillsboro, OR 97123**

Email: ar@hennigautoparts.com

Office Use Only: Acct. # _____
Date Approved: ____/____/____
Customer Type: _____
Pricing: _____
Salesman No.: _____

HENNIG AUTO PARTS LOCATIONS:

ALOHA
 18840 SW Shaw St.
 Aloha, OR 97078
 (503)591-1165

HILLSBORO
 3380 NE 15th Ave
 Hillsboro, OR 97124
 (503)648-3186

FOREST GROVE
 2109 Yew St.
 Forest Grove, OR 97116
 (503)357-6181