



5079 Lincoln Highway
P.O. Box 240
Stoystown, PA. 15563
(814)893-5418

APPLICATION FOR CREDIT

Referred by: _____
(Our Sales Representative or other)

Please complete all the information requested, failure to do so will result in your application being rejected.

Business Name _____

Billing Address _____

Shipping Address _____

Phone Number: _____ Fax Number: _____

Number of years in Business: _____

Primary nature of your Business: _____

Fed EIN _____ Owners Name: _____

Contact Person(s): **Parts Dept.:** _____

E-Mail address: _____

Body Shop: _____

E-Mail address: _____

Accounting: _____

E-Mail address: _____

Is a purchase order required? Yes No

Sales Tax Exempt? Yes No

Sales Tax Exempt Number _____

If exempt from sales tax, please provide your state sales tax exemption certificate. We are required by law to obtain and keep on file.

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BUSINESS/TRADE REFERENCES

(Please do not use any banks, credit card companies, or personal references)

1.) _____
NAME PHONE#

ADDRESS CITY STATE ZIP
Contact Name _____ Fax# or email _____

2.) _____
NAME PHONE #

ADDRESS CITY STATE ZIP
Contact Name _____ Fax# or email _____

3.) _____
NAME PHONE #

ADDRESS CITY STATE ZIP
Contact Name _____ Fax# or email _____

I certify that the above information is accurate and complete. I hereby authorize the disclosure and release of any credit related information about my company to Stoystown Auto Wreckers to obtain a credit account.

Signature: _____ Date: _____

Print Name: _____

Return by fax 814-893-6262 or email accounting@stoystownauto.com