NEW ACCOUNT APPLICATION

	ACCOUNT SETUP DETAILS	
1	Legal Name of Applicant	**DESCRIPTION OF BUSINESS** □ Body Shop □ Mechanic Shop □ New car Dealership □ Rebuilder □ Auto Wrecker □ Hard Parts Store □ Other
	Trading Name	
	Are PO #'s required when ordering? □ Yes □ No	
	Prior Account with Pro Body Parts? □ Yes □ No Account # Account Name	
	Are you a member of Buying Group? □ Yes □ No Name of buying group	Length in business? ( ) years
	Please provide your GST and PST numbers. GST: PST:	Credit Limit Requested: $_____

		BILLING ADDRESS	SHIPPING ADDRESS
2	Street / Avenue		
	City, Province		
	Postal Code		

	CONTACT	CONTACT NAME	TELEPHONE	FACSIMILE
3	1 Business Owner		Home: ( )	( )
	Business Owner Home Address			
	2 Accounts Payable		Office: ( )	( )
	Accounts Payable Email Address:			

	TRADE REFERENCE VENDOR NAME	TELEPHONE	FACSIMILE
4	1	( )	( )
	2	( )	( )
	3	( )	( )

IN CONSIDERATION OF BEING ALLOWED TO OBTAIN GOODS OR MATERIALS FROM PRO BODY PARTS, I/WE DO HEREBY AGREE JOINTLY AND SEVERALLY AS FOLLOWS:

1. THE INFORMATION GIVEN IS WARRANTED TO BE TRUE AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT TO PAY ALL PRO BODY PARTS INVOICES IN ACCORDANCE WITH THE PAYMENT TERMS
2. **ALL PAYMENTS ARE DUE ON THE 15TH OF THE MONTH FOLLOWING**
3. THAT PRO BODY PARTS MAY AT ANY TIME AT ITS DISCRETION SUSPEND FURTHER CREDIT PRIVILEGES TO ME/US
4. TO AUTHORIZE PRO BODY PARTS OR THEIR AGENTS TO OBTAIN CREDIT INFORMATION ON THE COMPANY, OWNER AND/OR PRINCIPAL SHAREHOLDER FROM EQUIFAX AND OTHER SOURCES
5. PAST DUE ACCOUNTS MAY BE SUBJECT TO A SERVICE CHARGE OF 1.5% COMPOUNDED MONTHLY (19.65% PER ANNUM)

Print Name _____

Signature _____ Date _____
MMM / DD/ YYYY

Title _____

Return to Pro Body Parts via facsimile: (204) 257-5682