



AUTO & TRUCK PARTS

CHAGRIN VALLEY AUTO PARTS
Phone: (440) 834-0447, Fax: (877) 600-2236

Nearest Store? (please circle one) **Chagrin, Brooklyn, Painesville, Twinsburg**
Middlefield, Madison, Ashtabula, Chardon, Chesterland, Orwell

Application for? **CHARGE ACCOUNTS ONLY**

COMPANY INFO:

Name: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

TYPE OF OWNERSHIP

____ Corporation: Date Incorporated: _____
____ Partnership Tax Exempt? ____ No. ____ Yes (requires attached form)
____ Proprietorship Tax ID# _____

INFORMATION ON OFFICERS OR PRINCIPALS

Name: _____ S.S. #: _____
Address: _____ Phone: _____
Name: _____ S.S. #: _____
Address: _____ Phone: _____

BANK

Name: _____ Phone: _____
Address: _____
Checking Account # Required: _____ Savings Account #: _____

LOCAL TRADE REFERENCES

1. Co. Name: _____ Account #: _____
Address: _____
Contact: _____ Title: _____
Phone: _____ Fax: _____
2. Co. Name: _____ Account #: _____
Address: _____
Contact: _____ Title: _____
Phone: _____ Fax: _____
3. Co. Name: _____ Account #: _____
Address: _____
Contact: _____ Title: _____
Phone: _____ Fax: _____



CHAGRIN VALLEY AUTO PARTS CO.
Chagrin Middlefield Brooklyn Painesville Twinsburg Ashtabula Madison Chardon Chesterland

TERMS

Applicant hereby authorizes NAPA Auto Parts Corporate Office to check its credit. Applicant further authorizes any financial institution or other credit agency to answer questions about its credit experience with the applicant. Applicant agrees to pay for all products and services ordered or provided to the applicant or its authorized agent. **Applicant agrees to pay all invoices within 10 days of statement and further agrees to pay interest on all overdue accounts at a rate of 2 percent per month.** Applicant hereby agrees to pay for all costs of collections, including attorney fees if applicant fails to make payments as agreed.

Signature: _____ (Individually)
(Print) (Sign)

Title: _____ Date: _____

GUARANTEE OF PAYMENT

I personally guarantee payment of all costs noted herein.

Signature: _____ (Individually)
(Print) (Sign)

Title: _____ Date: _____

ACCOUNTS PAYABLE CONTACT

Company: _____ Account #: _____

Contact: _____ Title: _____

Phone: _____ Extension: _____

Fax: _____ E-mail: _____

RETURN TO: FAX: (877) 600-2236 or tbarton@cvap.net



CREDIT POLICY

1. We allow commercial charges for billing convenience only.
2. End of month statements will be through the last day of the month. Balances are due by the 10th of the following month. Any balance after the 15th will be considered past due.
3. Service charges of 2 percent per month accrue from the date of the first billing following the month that the items are first billed on the account.
4. All non-sufficient fund checks will be charged a \$25 handling fee.
5. Accounts exceeding 60 days past due will be automatically put on C.O.D.
6. Accounts exceeding 90 days past due will be automatically put on permanent C.O.D.

We strongly encourage our valued customers to communicate with us. If there are any invoices you may need or questions you may have concerning your account, please feel free to call us at (440) 834-0447.

Good credit is an important asset to both of us.

Signature: _____ (Individually)
(Print) (Sign)

Title: _____ Date: _____

. Return to: FAX (877) 600-2236 or tbarton@cvap.net



**STATE OF OHIO
DEPARTMENT OF TAXATION
SALES AND USE TAX
BLANKET EXEMPTION CERTIFICATE**

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon:

PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION.

Purchaser's Name

Street Address

City

State

Zip

Signature and Title

Date Signed

Vendor's License Number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.

Return to: Fax: 877-600-2236 Email: tbarton@cvap.net