

# **New York Replacement Parts Corporation**

1456 Lexington Avenue, New York, NY 10128

Phone: 212.534.0818 Fax: 212.410.5783

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ YEARS ESTABLISHED: \_\_\_\_\_

LEGAL STRUCTURE: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ GOVT. AGENCY

(IF A CORPORATION, LIST NAMES OF OFFICERS AND TITLES. IF OTHER ENTITY, LIST NAMES OF PARTNERS OR OWNERS)

NAME\TITLE	ADDRESS	CITY\STATE\ZIPCODE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TAX ID OR SSN #: \_\_\_\_\_ ANNUAL SALES: \_\_\_\_\_ CREDIT DESIRED: \_\_\_\_\_

TRADE REFERENCES: PLEASE DO NOT USE BANK OR CREDIT CARD ACCOUNTS

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Credit terms are 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorize the checking of credit. The undersigned agrees to pay all collection costs, court cost and legal fees incurred by New York Replacement Parts to collect delinquent balances.

SIGNATURE	TITLE	DATE
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**Personal Guarantee:** In consideration of the sale, delivery of goods and the extension of credit by New York Replacement Parts Corp., to above customer, the undersigned does hereby unconditionally and personally guarantee the payment of any and all bills heretofore rendered and to be rendered to above customer. This is a guarantee of payment and not collection.

SIGNATURE	DATE
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