

Check One:
 New
 Revision

Office Use		
Client Type	Account Number	Date Approved

Emerald Valley Auto Parts, Inc
3360 West 11th
Eugene, OR 97402 (541) 342-2626
Fax: (541) 342-2690



Application for Credit

Please Print or Type

DBA (Show Complete Local Business Name)			
Parent Company Name			
Billing Address Street		City	State
			Zip + 4
Contact Regarding Payment			
Telephone ()		Name	Title
Ship to Address (if Different From Billing Address)			Separate Billing Required
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Will Be Made From (Address)			Date Business Started (Mo/Yr)
Company Organization (Check One)			Business Property is
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other (Explain)			<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Corporation's Local Manager or Representative (Name and Home Address)			Telephone No
Partnership Owner's (Name and Home Address)		Home is:	Telephone No
1.		<input type="checkbox"/> Owned <input type="checkbox"/> Rented	
2.		<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Telephone No
3.		<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Telephone No
Proprietorship Owner (Name and Home Address)		<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Telephone No
Proprietorship Spouse (Maiden Name)			Telephone No
Proprietorship Nearest Relative no at above Home Address (Name and Home Address)			Telephone No
List Your Principal Sources of Supply		City	State
1.			Telephone No
2.		City	State
			Telephone No
3.		City	State
			Telephone No
Credit Reference with Who You Now or Have Had an Open Account		City	State
1.			Telephone No
2.		City	State
			Telephone No
3.		City	State
			Telephone No
Bank Rereference (Bank Name)		Type Account No.	Account
1.			Loan Officer
2.		Type Account	Account No
			Loan Officer
3.		Type Account	Account No
			Loan Officer
Business Financial Statements			
<input type="checkbox"/> Attached <input type="checkbox"/> Will be Submitted by (Date) <input type="checkbox"/> Refused			
Approximate Value of Your Inventory		Inventory Consists of (Describe)	
May We Contact Your Principal Suppliers, Credit and Bank References Regarding This Application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Continued on Reverse

