

Wilson parts Corporation



19 S. Market Blvd
Chehalis WA, 98532
360-748-3341
360-740-9523 fax

angela@wilsonnapa.com or dave@wilsonnapa.com

Trade Name: _____

Billing Address: _____

City/State/Zip: _____

Physical Address: _____

City/State/Zip: _____

Telephone: _____

How long in Business? _____ FED EIN# _____

Name of Account Payable Contact Person: _____

Telephone: _____ Fax: _____

Email address: _____

Credit line request \$ _____ Cash only P.O. Required __Y __N

Taxable? __Y __N If no, include supporting documentation with application.

Ownership

Name: _____ Title: _____

Address: _____

% Ownership: _____ Telephone: _____

Name: _____ Title: _____

Address: _____

% Ownership: _____ Telephone: _____

Trade References

Company Name: _____

Telephone: _____ Email: _____

Company Name: _____

Telephone: _____ Email: _____

Company Name: _____

Telephone: _____ Email: _____

If you have an account with another NAPA store, provide store telephone and account number.

The undersigned agrees to assume full responsibility of charge purchases made on the account by any of the applicant's employees.

Payment is due on the 15th. 1.5% interest is charged on any past due amount (min \$5.00 charge).

Accounts past due will be put on C.O.D.

In consideration of the credit extended hereunder, the undersigned unconditionally and personally guarantees full payment of the account and to pay all attorney fees if collection becomes necessary.

Signature: _____ Title: _____ Date: _____

Email back to angela@wilsonnapa.com or dave@wilsonnapa.com