

# BPW Credit Application

Legal Name \_\_\_\_\_ DBA/Trade Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Federal Employer Identification Number (FEIN) \_\_\_\_\_  
Type of Ownership: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_ Other \_\_\_\_\_  
e-mail: \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Year Established \_\_\_\_\_ DUNS # \_\_\_\_\_ Principal Owner/Chief Executive \_\_\_\_\_

## Business References Where Credit is Extended

**Name** \_\_\_\_\_ Customer Account No. \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail: \_\_\_\_\_

**Name** \_\_\_\_\_ Customer Account No. \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail: \_\_\_\_\_

**Name** \_\_\_\_\_ Customer Account No. \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail: \_\_\_\_\_

**Bank Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

The applicant indicated on the application hereby applies for credit and agrees with BPW that all purchases charged to applicant in the designated name in which the account is to be carried shall be the obligation of the applicant and shall be paid in accordance with the terms set forth herein. Applicant gives BPW permission at any time to investigate its credit standing by obtaining a credit report, or by directly contacting others who have this information. Applicant authorizes all banks, lending institutions and vendors to release any and all information requested by BPW needed to base credit decision(s). All invoices are due and payable by the twenty-fifth (25<sup>th</sup>) of the month following purchase. As a condition of sales, a monthly service charge equal to the maximum permitted by law may be assessed to all accounts not paid within 30 days from due date. BPW accepts no responsibility for material returned without our authorization. Goods are sold F.O.B. shipping point unless otherwise specified. Shortages or damage must be noted on the delivery receipt and delivering carrier must be requested to make an inspection of such assertions. Claims must be made on the carrier without delay. Claims for concealed loss or damage must also be handled immediately upon discovery. BPW, at its sole discretion may at any time cease further extensions of credit. Applicant understands and agrees to BPW terms of sale, to pay service charges assessed, and to pay reasonable attorney fees and/or collection charges in the event of a default. This agreement is intended to be performed in the state of New York and shall be construed and enforced in accordance with the laws of said state.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION TO:** Bus Parts Warehouse, PO Box 339, Fogelsville PA 18051 or fax to 1.877.682.4443 or e-mail to [accounting@buspartwarehouse.com](mailto:accounting@buspartwarehouse.com)

\_\_\_\_\_ Do Not Write Below This Line \_\_\_\_\_

\_\_\_\_ Credit Approved \_\_\_ Credit Not Approved \$ \_\_\_\_\_ Credit Limit \_\_\_\_\_ Date By: \_\_\_\_\_