



Dear Prospective Customer,

Thank you for your interest in establishing credit terms with [PacParts](#), Inc. as your source for all your original replacement parts.

We are proud to be the authorized parts distributor for a number of premier brands such as [Alpine](#), [Casio](#), [Clarion](#), [Denon](#), [Hitachi](#), [Kenwood](#), and [Marantz](#).

Please take a moment to review our [Terms and Conditions](#), where we point out a few restrictions and limitations. There you will notice that we take pride in our customer friendly and transparent policies.

Attached are three (3) documents. Two must be completed entirely. The third document is required for California businesses only.

1. Application for credit (Three open account trade references are required.)
2. Bank Release Form
3. California Resale Card (California business only)

Your assistance in returning these forms, entirely completed, will enable us to process your application without delay. Please note, email addresses and Fax numbers for credit references are preferred over physical addresses.

Again, thank you for your interest in PacParts, Inc.

We look forward to a long business relationship.

Sincerely,

Your Parts Team at PacParts Inc.



Attn: Credit Manager, We are hereby applying for a Net-30day / billing account with PacParts, Inc. and are providing the following confidential information for that purpose. We understand that all past due balances will be subject to collection expenses and interest.

Full name of firm: \_\_\_\_\_ Incorporated: Y N

Subsidiary of: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Suite/Unit/Spc/Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Person to contact regarding parts: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Password for online ordering (minimum four characters) : \_\_\_\_\_

Resale Permit No.: \_\_\_\_\_ Dated: \_\_\_\_\_

Type of business: \_\_\_\_\_ Sales(Y/N) \_\_\_\_\_ Service(Y/N) \_\_\_\_\_

Year established: \_\_\_\_\_ Present ownership since: \_\_\_\_\_ At location since: \_\_\_\_\_

Do you do any authorized OEM warranty repair? If yes, please list brands? \_\_\_\_\_

Bank Reference (Please fill out completely)

Bank Name: \_\_\_\_\_ Ckg. Acct#: \_\_\_\_\_

Bank mailing address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Trade References (Minimum of three, active trade accounts, with whom you have established billing terms are required)

Name: \_\_\_\_\_ Acct#: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Acct#: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Acct#: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We grant PacParts Inc. , permission to verify the above information. (signer's signature must be on file with bank)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_



**PacParts, inc.**

Personal Guarantee

In consideration of credit being extended by PacParts, Inc. to the aforementioned applicant for merchandise to be purchased, whether the applicant is an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) each hereby contract and guarantee to PacParts, Inc. the faithful payment, when due, of all accounts of said applicant for purchases made within five years next after the date of this application. The undersigned guarantor(s) each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor(s) of dishonor of default by applicant or with respect to any security held by PacParts, Inc. extension of time of payment to applicant or partial compromise, all other notices to which the undersigned guarantor(s) might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be writing and delivered to PacParts, Inc. .

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

Printed Name: \_\_\_\_\_

Do not fill in below.

This section is for PacParts, Inc. Credit department only:

Application date received: \_\_\_\_\_ Inquires sent (date): \_\_\_\_\_

Follow up: \_\_\_\_\_ Sent: \_\_\_\_\_

Credit Approved by: \_\_\_\_\_ Terms: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Date: \_\_\_\_\_

Declined by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for decline: \_\_\_\_\_

\_\_\_\_\_



**PacParts, inc.**

Applicant Name: \_\_\_\_\_

To expedite the processing of your application please sign this release of information form for your bank reference.

Please include your account number and authorized signature.

Thank you,

Credit Department- PacParts, Inc.

“I authorize the release of information to PacParts, Inc. on my account status for the purpose of obtaining an open account.”

Account #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fax to: PacParts Inc. (424) 999-1949