



CREDIT APPLICATION and AGREEMENT

Glendale Accounting Office: (623) 889-7399 • Fax (623) 889-7388

7280 N. Glen Harbor Blvd. #101 • Glendale, Arizona 85307

Nationwide Phone 1-800-729-2580 • Toll-Free Fax 1-888-788-1141

Firm Name: _____ Buyer Name: _____

Kind of Business: Plumbers/Shops Bldg Mtc Prop Mgmt Hospital/Care Center
 Retail Hotel/Casino Municipalities

Buyer E-mail: _____ Phone: _____ Fax: _____

Billing Address: _____

City: _____ St: _____ Zip: _____

Shipping Address: _____

City: _____ St: _____ Zip: _____

State Resale #: _____ (FORM 5000 MUST BE SUBMITTED TO QUALIFY AS TAX EXEMPT)

Federal Emp. ID #: _____ or Social Security #: _____

AUTHORIZATION REQUEST - Permission to send Monthly Specials via Fax / Email: Granted Denied
I understand by signing below, my company agrees to receive faxes/emails, as indicated above, from BROWN'S PARTSMaster, INC.

E-mail: _____ Fax: _____

Authorized Signature _____ Date: _____

OFFICE USE ONLY

Cust #: _____

C/Class: _____

P/Class: _____

P/L: _____

S/T: _____

Date: _____

Credit Approved C.O.D.

Credit Limit: _____

Terms: _____

Order Pending

Resale Certificate on file?

Yes No

PRINCIPAL OWNERS OR OFFICERS OF THE CORPORATION:

1. Name: _____ Home Phone: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

2. Name: _____ Home Phone: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

Accounts Payable Contact: _____ Purchasing Agent: _____

Estimated Monthly Credit Requirement: \$ _____ Will This Account Require A PO#? YES NO

TRADE REFERENCES: (please include minimum of three with phone and fax numbers with active open accounts)

1. Business Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

2. Business Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

3. Business Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

AGREEMENT: We herein make application to BROWN'S PARTSMaster for credit. If credit is granted, I hereby agree to pay in full within prescribed terms. In the event payment is not made and this account is turned over to outside collection, we agree to pay all costs of collection.

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____