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STAFFORD VA 22555
PHONE (540) 720 1000
EXT'S 1536, 1501, 1530, 1510
FAX (540) 659 2090

M&M AUTO PARTS CREDIT APPLICATION

YOUR BUSINESS NAME: _____

COMPANY TRADING AS: _____

BILLING ADDRESS:

PHONE#: _____

NAME OF PRIMARY CONTACT: _____

EMAIL ADDRESS: _____

SHIPPING ADDRESS: (If different than above)

PHONE#: _____

NAME OF PRIMARY CONTACT: _____

EMAIL ADDRESS: _____

PLEASE PROVIDE THE INFORMATION FOR A BANK AND THREE (3) SUPPLIERS

PLEASE DO NOT USE OTHER SALVAGE YARDS - WE WILL NOT
PROCESS ANY APPLICATION USING OTHER SALVAGE YARDS
AS CREDIT REFERENCES NO EXCEPTIONS

THIS FORM MUST BE FILLED OUT COMPLETELY!



BANK REFERENCE:

NAME: _____

ACCOUNT# (MUST HAVE): _____

ADDRESS: _____

PHONE#: _____

FAX# or EMAIL address: _____

3 BUSINESS REFERENCES:

1.

NAME OF COMPANY: _____

ADDRESS: _____

PHONE#: _____

FAX# or EMAIL address: _____

2.

NAME OF COMPANY: _____

ADDRESS: _____

PHONE#: _____

FAX# or E-MAIL address: _____

3.

NAME OF COMPANY: _____

ADDRESS: _____

PHONE#: _____

FAX# or EMAIL address: _____



BY SIGNING BELOW: I AUTHORIZE M&M AUTO PARTS, INC. TO CONTACT MY BANK AND ANY OTHER REFERENCES GIVEN; I UNDERSTAND THAT M&M AUTO PARTS, INC. TERMS TO THEIR CHARGE CUSTOMERS ARE NET PAYMENT DUE BY THE 15TH OF THE MONTH FOLLOWING PURCHASE, AND I AGREE TO MEET THESE TERMS: AND I UNDERSTAND THAT THE INFORMATION OBTAINED WILL BE HELD IN THE STRICKEST CONFIDENCE AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OFFICER
OR OWNER: _____

DATE: _____