

Crossroads Automotive Group

P.O. Box 2069
Wake Forest, NC 27588

Parts/Service Application

Mail or Fax Application to: Accounts Receivable
P.O. Box 2069
Wake Forest, NC 27588
Fax: 919-488-8575
Email: AR@crossroadscars.com
Phone: 919-488-8600

Name of Business _____

Physical Street Address _____

City _____ State _____ Zip Code _____

Billing Address (if different from above) _____

City _____ State _____ Zip Code _____

Phone _____ Sole Owner _____ Partnership _____ Corporation _____

Tax Exempt Y/N *if exempt please include a copy of tax exemption form. For North Carolina: NC E-595E and for Virginia: ST-10

Business Founded _____ Nature of Business _____

Accounts payable contact _____ Phone number _____ Fax number _____

Trade or Credit Reference

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

Is purchase order required? Yes _____ No _____ (if yes) who is authorized to sign? _____

I/We herby authorize all the above named persons or companies to release Crossroads Automotive Group and such information with regard to my/our financial conditions as may reasonably have a bearing on this application.

I/We understand that account statements will be mailed on the last business day of the month and that payment in full is due by the 10th of the following month. Past due amounts will be subject to a finance charge of one and a half percent (1.5%) monthly (18% annual interest rate) to be computed on the previous month's balance after payments and credits are deducted.

I/We understand that all credit may be terminated without notice.

I/We understand that if the account is not used within nine months I/We must reapply.

If it becomes necessary to collect any indebttness, through an attorney or otherwise, I/We agree to pay all cost of collection.

Date _____ Signed _____ Title _____