



**Caveman Auto Parts**  
 460 NE Agness Avenue, Grants Pass, OR 97526  
 PH: 541-476-8816 FAX: 541-474-6895  
 Email: accounting@cavemanautoparts.com  
 www.CavemanAutoParts.com

## Account Application

**\*\*\*TOP PORTION REQUIRED FOR ACCOUNT ACTIVATION\*\*\***

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 Street Address or PO Box Number City State Zip Code

**Shipping Address:** \_\_\_\_\_  
 Street Address City State Zip Code

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Ownership:**  Corporation  Partnership  Sole Proprietor **Federal Tax ID#:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Years in Business** \_\_\_\_\_ **Receive Statements by:**  Email  Reg Mail

**Authorized Buyer:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_ **PO's Req.:**  YES  NO

**OFFICER / OWNER INFORMATION:**

\_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Address

**ACCOUNTS PAYABLE CONTACT:**

\_\_\_\_\_  
 Name Phone / Ext  
 \_\_\_\_\_  
 Email Address

~~Preprinted credit information is acceptable – Please sign bottom of this application to authorize reference check~~  
**TRADE REFERENCES:** (Must complete 2 business trade references when applying for line of credit.)

<p>1. _____          Name          _____          Address Phone          _____          City, State, Zip Email</p>	<p>2. _____          Name          _____          Address Phone          _____          City, State, Zip Email</p>
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**BANK INFORMATION:**

**Bank Name:** \_\_\_\_\_ **Last 4 of Acct. No.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Type of Acct:**  Checking  Savings

**Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**TERMS OF SALE:** Net 30<sup>th</sup> – due and payable by the end of the month following the month of purchase. Any unpaid invoices by the 1<sup>st</sup> of the month following billing will be considered past due.

Applicable Law: You agree this Agreement will be governed by and interpreted in accordance with the laws of the state of Oregon. If any provision of this Agreement is invalid, the rest of the provisions shall remain valid. If a lawsuit is commenced, you agree to submit to jurisdiction of the courts in the county where Caveman Auto Parts resides. Collection Costs: If you are in default under the terms of this Agreement, you agree to pay Caveman Auto Parts' costs in enforcing this Agreement and collecting any amounts you owe. You agree that all collection costs and attorney fees incurred by Caveman Auto Parts are secured in accordance with this Agreement.

Your signature below indicates your full understanding and acceptance of these terms and authorizes the references given to release information to Caveman Auto Parts.  By checking this box and typing my name below, I am electronically signing my application.

\_\_\_\_\_  
**Authorized Signer Title Date**