

B/E&A Restoration Parts, Inc.

DISTRIBUTOR APPLICATION

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

TYPE OF BUSINESS

TYPE OF ACCOUNT DESIRED

1. Restoration Parts Retailer _____

Net 10 Day Account _____

2. Online Retailer _____

Visa/MasterCard/ _____

3. Restoration Shop _____

Prepay Account _____

4. Auto Dealership _____

I HEREBY AUTHORIZE B/E&A TO CONTACT ANY OR ALL OF THE ABOVE REGARDING CREDIT HISTORY

Signature:

Signature:

Title:

Title:

Date:

Date: