

Midland Truck & Auto Parts, Inc.

**327 Midland Ave
Port Chester, NY 10573
Phone - (914)939-3334
Fax - (914)690-0165**

Credit Application

Name Of Business _____ Date _____
Address _____ Phone # _____
City _____ State _____ Zip _____
Nature of Business _____ Established _____
Type Of Business: Corporation _____ Partnership _____ Individual _____ Other _____

Names & Addresses of Owner/Officers

Name _____ Title _____
Address _____
Name _____ Title _____
Address _____
Bank Name _____ Type of Account _____
Address _____ Account# _____
City _____ State _____ Zip _____

Business References

Name _____ Phone _____ Contact _____
Address _____
Name _____ Phone _____ Contact _____
Address _____
Name _____ Phone _____ Contact _____
Address _____

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We estimate our monthly credit requirements with Central Auto & Truck Parts to be \$_____. We agree to pay within the established terms after each billing date for all purchases charged to our account. Reasonable charges may be imposed for past due balances.

I/We certify the above furnished information to be true and accurate. I/We authorize the above listed trade and bank references to be contacted for confirmation either verbal or written request. If credit is granted, based on the information provided in this application, I/We agree to payments in accordance with the standard terms and conditions of sales as defined by the credit grantor. The undersigned, personally, jointly and severally unconditionally guarantee prompt payment when due of all indebtedness and liabilities that now or at any time or times hereafter may be or become owing to the credit grantor from the above name applicant for credit. The undersigned further guarantees the payment of all interest, attorney's fees, court costs, and other costs of collections which may result from failure to comply with the standard terms and conditions of sale.

Signature Required

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Signature	Signature
<hr/>	
Date	Date
<hr/>	

Are you exempt from New York Sales Tax? Yes_____ No_____
If Yes: Tax Certificate # _____

Please mail, email or fax your completed Resale Certificate ST-120 form to us.