



A Division of Automotive Aftermarket, Inc

GENERAL OFFICES - 10425 S LA CIENEGA BLVD, LOS ANGELES, CA 90045. PH: 310 703 5700, FAX: 310 703 5750

COLLISION CENTER
Credit Application
Fax back to 310-703-5750

LEGAL NAME _____

DBA _____ PHONE # _____ YEARS IN BUSINESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

_____ CORPORATION _____ PARTNERSHIP _____ SOLE OWNER

PRESIDENT/PARTNER/OWNER _____ Federal ID # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

REFERENCES: (Give only names of those you buy on open account)

NAME _____ ACCT # _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ ACCT # _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ ACCT # _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK _____ ACCT # _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

All purchases by customers, from Completes Plus, on open account, shall be paid for by the 25th of the month after the statement date. In the event that legal action becomes necessary to collect any sum due, I agree to pay all attorneys' fees and costs incurred. The venue for any action based on this agreement shall be in the County of Los Angeles, Inglewood Judicial District, located at One Regent Street, Inglewood, CA. 90301. We further agree to a service charge of 1.5% per month, 18% annual, on amounts past due.

You are hereby authorized to request all necessary credit information to assist in your extension of credit to the undersigned.

Signature _____ Title _____ Date _____

Print Name _____