



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

MONTHLY CREDIT APPLICATION

LEGAL NAME _____

DBA _____ PHONE # _____ YEARS IN BUSINESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

_____ CORPORATION _____ PARTNERSHIP _____ SOLE OWNER

PRESIDENT/PARTNER/OWNER _____ S.S. # _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____

VICE PRESIDENT/PARTNER _____ S.S.# _____

HOMEADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____

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 _____

Signature _____ Title _____ Date _____

Print Name _____

Authorization to obtain consumer credit report (s)

The undersigned hereby gives consent for **Completes Plus** to obtain a Consumer Credit report
On me/us for the express purpose of evaluating my/our credit worthiness in connection with this
Application for credit

Name _____

Signature_____

Title _____ Date _____

Name _____

Signature_____

Title _____ Date _____