

Customer Account Application

Select a business type

<input type="checkbox"/> Automotive Repair Shop	<input type="checkbox"/> Body Shop/Collision	<input type="checkbox"/> Car Dealer
<input type="checkbox"/> Custom/Specialty Shop *	<input type="checkbox"/> Fleet *	<input type="checkbox"/> Glass Repair
<input type="checkbox"/> Jobber/Parts Retailer	<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Quick Lube
<input type="checkbox"/> Transmission Shop	<input type="checkbox"/> Other _____ *	* Fill out Fleet/Other Section

General Information

How many technicians?		How many service bays?	
How many vehicle lifts?		Estimated monthly purchases?	

*Fleet/Other business type information

What is your primary business?	
How many service vehicles do you maintain?	

National Account Affiliation

<input type="checkbox"/> ATD Service Bay (IPG)	<input type="checkbox"/> BARNN – Bridgestone Net.	<input type="checkbox"/> Big O Tires
<input type="checkbox"/> Bosch Car Service	<input type="checkbox"/> Goodyear	<input type="checkbox"/> Grease Monkey
<input type="checkbox"/> IPG – Installed Parts Group	<input type="checkbox"/> ITDG – Independent Tire	<input type="checkbox"/> Les Schwab
<input type="checkbox"/> Lithia	<input type="checkbox"/> Meineke	<input type="checkbox"/> Midas
<input type="checkbox"/> Monro	<input type="checkbox"/> Point S	<input type="checkbox"/> TBC Retail Group
<input type="checkbox"/> Tire Pros (IPG)	<input type="checkbox"/> Other _____ (Please tell us, our buying group has many programs)	

SMS – Shop Management Information

<input type="checkbox"/> Aconnex	<input type="checkbox"/> Bay-Master	<input type="checkbox"/> Mitchell
<input type="checkbox"/> Partstech	<input type="checkbox"/> Pace Software	<input type="checkbox"/> R.O. Writer
<input type="checkbox"/> ShopKey	<input type="checkbox"/> Shop Monkey	<input type="checkbox"/> TireShop
<input type="checkbox"/> Turbo Shop DST	<input type="checkbox"/> Winworks	<input type="checkbox"/> Other _____

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Customer Information

Company Name			DBA			
Fed ID #	Years in Business	# Employees	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Other
Billing Address				How Long at Current Address (Years)		
City			State	Zip		
Business Phone #			Business Fax #			
Mobile #			Business Email			
AP Contact Name		AP Email		AP Phone Number		
Delivery Address (if Different from Above)						
City		State		Zip		
Owner/Applicant Name			Owner/Applicant Social Security #		Title	
Owner Home Address			Owner Mobile #		DOB	
City		State		Zip	Email Address	
Co-Owner/Applicant Name			Co-Owner/Applicant Social Security #		Title	
Home Address			Mobile #		DOB	
City		State		Zip	Email Address	
Type of account (requested)	<input type="checkbox"/> Cash	<input type="checkbox"/> Weekly Pay	<input type="checkbox"/> Monthly Pay (Due on the 5 th)		Projected monthly Volume \$	
Bank Name			Bank Phone Number		Bank Account #	
Bank Address			Bank City, State, Zip			
Credit Reference # 1		Credit Reference Phone Number		Credit Reference Account #		
Credit Reference # 2		Credit Reference Phone Number		Credit Reference Account #		
Credit Reference # 3		Credit Reference Phone Number		Credit Reference Account #		

Customer Account Application

As an owner or principal officer of the business application (the "Company") and/or as an officer authorized to sign credit instruments for the Company name in this application, I authorize **Trimon Inc. DBA Monument Car Parts, Superior Auto Warehouse** to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history reports, credit and employment history, or similar information, under the names and social security numbers of any and all owners and/or officers I provide. The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit **Trimon Inc.** to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and **Trimon Inc.** that all purchases made on an account will be **PAID IN FULL on or before the 10th** day of the month following the date of the purchase. No unpaid account will be increased after the 20th day, unless by special agreement. Further, any account that has an unpaid balance at the end of the month in which payment was due will be assessed a finance charge on the unpaid portion at the highest rate allowable by applicable laws until such time as the account has been brought current. In the event **Trimon Inc.** employs an attorney or collection agency to collect any amount due from applicant, applicant shall be responsible for all cost of collections including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.

Authorized Signature _____ Social Security _____ Date _____

Name _____ Company _____ Title _____

INDIVIDUAL PERSONAL GUARANTEE

I, _____ (print name), residing at _____
_____ (print address) for and in consideration of your extending credit at my request to _____ (the Company) of which I am (Title) _____, and as material inducement therefore, hereby absolutely and unconditionally guarantee to **Trimon Inc. DBA Monument Car Parts, Superior Auto Parts Warehouse** the due and punctual payment on demand of all debts and liabilities owed to Trimon Inc. by the Company. This guaranty shall remain an unconditional and continuing guaranty of payment, and not of collection. I acknowledge that my liability is primary rather than secondary. I do hereby waive of presentment, demand, protest, dishonor, default and/or nonpayment of such debts and notice of any modification or further extension of credit to the Company, to which I hereby contest. I further agree that no failure or delay on the part of **Trimon Inc.** in exercising of its rights hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such right preclude any other or further exercise of any rights that Trimon Inc. may give under this guaranty, and that my obligations hereunder shall not be subject to any rights of setoff, recoupment, deduction or counterclaim. In the event my obligations herein are collected by or through a third party, then Trimon Inc. shall be entitled to recover all costs of collection including attorney's fees.

Authorized Signature _____ Social Security _____ Date _____

For Office Use Only

Account # _____ Myplace4Parts Login _____ Blue Jay _____

Salesman # _____ Equifax Score _____ Credit Limit _____

Authorized by _____ Signature of Authorizing Person _____

Customer Contacted on _____ Customer Contacted by _____

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CDTFA-230 REV. 1 (8-17)

GENERAL RESALE CERTIFICATE

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below.
[Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____



PRINTED NAME OF PERSON SIGNING _____

TITLE _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____

DATE _____

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