



# FOREIGN AUTO TECH

DISTRIBUTING



1583 EL CAMINO REAL MILLBRAE, CA 94030  
TEL (650) 589-3100 FAX (650) 589-3130

## WHOLESALE APPLICATION

### COMPANY INFORMATION

COMPANY NAME				
STREET ADDRESS		CITY	STATE	ZIP
PHONE	FAX	WEBSITE	COMPANY GENERAL E-MAIL (IF ANY)	
MANAGER/MAIN CONTACT		MANAGER/MAIN CONTACT E-MAIL	DIRECT PHONE or EXTENSION (IF ANY)	
BOOKKEEPER NAME		BOOKKEEPER E-MAIL	DIRECT PHONE or EXTENSION (IF ANY)	
AUTHORIZED PURCHASERS		PURCHASER'S E-MAIL	DIRECT PHONE or EXTENSION (IF ANY)	
PO'S REQUIRED (YES OR NO)		BUSINESS STARTED (MM/YY)	AT PRESENT LOCATION (MM/YY)	
RESALE PERMIT #		FEDERAL TAX ID		

### OWNERSHIP INFORMATION (ATTACH ADDITIONAL SHEET IF NECESSARY)

TYPE OF OWNERSHIP (PLEASE CHECK ONE)

- CORPORATION (A Minimum of 2 officers must fill out information requested in this section)
- PARTNERSHIP (A Minimum of 2 partners must fill out information requested in this section)
- SOLE PROPRIETOR

NAME	DRIVER LICENSE	SOCIAL SECURITY #	
ADDRESS	CITY	STATE	ZIP
E-MAIL	PRIMARY PHONE		SECONDARY PHONE
NAME	DRIVER LICENSE	SOCIAL SECURITY #	
ADDRESS	CITY	STATE	ZIP
E-MAIL	PRIMARY PHONE		SECONDARY PHONE

### COMPANY BANKING INFORMATION

BANK NAME	PHONE	FAX	
ADDRESS	CITY	STATE	ZIP
ACCOUNT NUMBER	BANK CONTACT	BANK CONTACT PHONE	

### PAYMENT OPTIONS (PLEASE CHECK AND FILL APPROPRIATE AREAS)

- COD CASH OR CASHIER'S CHECK
- CREDIT CARD PAYMENT (PLEASE FILL INFORMATION BELOW)

NAME ON CC:	CREDIT CARD #	CVV2	CC TYPE	EXPIRATION DATE (MM/YY)
CC BILLING ADDRESS	CITY		STATE	ZIP

### SIGNATURE X:

I am an authorized signer on the above card and hereby give Foreign Auto Tech, Inc. permission to bill the credit card.

**FOR COD COMPANY CHECK OR OPEN ACCOUNT PLEASE CONTACT US FOR THE SUPPLEMENTAL WHOLESALE APPLICATION (PART 2).**

**CALIFORNIA RESALE CARD INFORMATION (State of California applicants only)**

**FIRM NAME:** \_\_\_\_\_

**I HEREBY CERTIFY,**

That I hold valid seller's permit No. \_\_\_\_\_  
issued pursuant to the Use Tax Law; that I am engaged in the business of selling

**Auto Parts, Accessories, Supplies, Tools and Related Items & Materials.**

that the tangible personal property described herein which I shall purchase from:

**Foreign Auto Tech, Inc.**

Will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales & Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

**Auto Parts, Accessories, Supplies, Tools and Related Items & Materials.**

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

at: \_\_\_\_\_ By & Title \_\_\_\_\_

Phone: \_\_\_\_\_ Address \_\_\_\_\_

**AGREEMENT**

Read carefully and sign...

In consideration for establishing an account with Foreign Auto Tech, Inc. (FAT), the undersign applicant(s):

- Have read and agree(s) to be bound to FAT's "Terms and Conditions of Sale", as established by FAT from time to time. FAT's current standard form of "Terms and Conditions of Sale" is attached hereto and incorporated herein by reference.
- Agree(s) to faithful and timely payment, when due, of all accounts of the undersigned and states that their financial condition is satisfactory and can meet all financial obligations
- Agree(s) to notify Foreign Auto Tech in writing of any ownership changes or will still be liable for any and all unpaid balances.
- Agree(s) to pay all collection costs, court costs, legal and professional fees incurred by FAT to collect delinquent balances, in addition to all other sums due.
- Understands that all NSF (non-sufficient funds) checks returned to us by the bank are subject to a \$20.00 service fee per check. Accounts whom repeatedly issue NSF checks will be placed on permanent C.O.D. cash/cashiers check status. Accounts who fail to pay any outstanding balances due to NSF check(s) will be closed.
- Authorize(s) Foreign Auto Tech, Inc. and it's agents, at any time, to verify the information on this application and/or to obtain information from banks, other financial institutions or sources concerning the applicant and the company for which this account is being applied for.
- Certify that the information on this application is true & correct.

If a partnership, all partners must sign. If a corporation, officers whose names are in the ownership information section must sign.

SIGNATURE:	PRINT NAME
TITLE	DATE
SIGNATURE:	PRINT NAME
TITLE	DATE

**PLEASE ATTACH COPY OF RESALE & BUSINESS LICENSE.**