



**FOREIGN AUTO TECH**  
DISTRIBUTING



1583 EL CAMINO REAL MILLBRAE, CA 94030  
TEL (850) 589-3100 FAX (850) 589-3130

**WHOLESALE  
APPLICATION  
PART 1**

**COMPANY INFORMATION**

COMPANY NAME			
STREET ADDRESS		CITY	STATE ZIP
PHONE	FAX	EMAIL	WEBSITE
MANAGER NAME		BOOKKEEPER NAME	PO'S REQUIRED (YES OR NO)
AUTHORIZED PURCHASERS		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
EMAIL	PRIMARY PHONE		SECONDARY PHONE

NAME	DRIVER LICENSE	SOCIAL SECURITY #	
ADDRESS	CITY	STATE	ZIP
EMAIL	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 #	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.**



**PAYMENT TYPE REQUESTED:**

- **MUST HAVE COMPLETED PART 1 OF WHOLESALE APPLICATION**
- **ALL SECTIONS OF APPLICATION MUST BE THOROUGHLY COMPLETED**
- **ALL DOCUMENTS NECESSARY HAVE BEEN FURNISHED**

**COMPANY CHECK**

**For Company checks to be accepted:**

- Your company must have been in business for a minimum of six (6) months.
- Credit references must provide satisfactory replies reply to our inquiries.
- Bank replies regarding minimum balances and NSF history must be satisfactory.  
*(Please complete top portion of the Bank History Request Authorization form on page 3)*
- Personal Guarantee section of this application must be fully completed. No exceptions.

**OPEN ACCOUNT**

Requesting an open account does not guarantee one will be given. Open account status is granted on the sole discretion of Foreign Auto Tech, Inc. Terms of sale are Net 10<sup>th</sup> EOM. Outstanding balances are subject to a 1.5% per month interest, 18% annually. See Terms and Conditions for all details.

**To be considered for an OPEN ACCOUNT:**

- Your company must have been in business for a minimum of 2 years (24 months).
- A Dun & Bradstreet ID number must be provided here >>>>>: **DUNS#**
- Credit references must provide satisfactory replies reply to our inquiries.
- Bank replies regarding minimum balances and NSF history must be satisfactory.  
*(Please complete top portion of the Bank History Request Authorization form on page 3)*
- Personal Guarantee section of this application must be fully completed. No exceptions.

**TRADE / CREDIT REFERENCES (Do not include personal references)**

VENDOR NAME		PHONE		FAX
ADDRESS		CITY	STATE	ZIP
ACCOUNT NUMBER	TYPE <input type="checkbox"/> COD CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> OPEN ACCOUNT		CONTACT	
VENDOR NAME		PHONE		FAX
ADDRESS		CITY	STATE	ZIP
ACCOUNT NUMBER	TYPE <input type="checkbox"/> COD CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> OPEN ACCOUNT		CONTACT	
VENDOR NAME		PHONE		FAX
ADDRESS		CITY	STATE	ZIP
ACCOUNT NUMBER	TYPE <input type="checkbox"/> COD CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> OPEN ACCOUNT		CONTACT	
VENDOR NAME		PHONE		FAX
ADDRESS		CITY	STATE	ZIP
ACCOUNT NUMBER	TYPE <input type="checkbox"/> COD CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> OPEN ACCOUNT		CONTACT	

**PERSONAL GUARANTEE AGREEMENT - Read Carefully and sign**

- In consideration for open account or company check cod status, the undersigned hereby personally, unconditionally and irrevocably guarantees to Foreign Auto Tech, Inc., to be personally liable for all indebtedness incurred by this corporation, partnership or company through any and all of its agents.
- The undersigned guarantor agrees to pay all collection costs, court costs, legal and professional fees incurred by Foreign Auto Tech, Inc to collect delinquent balances, in addition to all other sums due.
- The undersigned guarantor expressly waives all notice of acceptance of this guarantee agreement, notice of extension of credit, and presentment of demand for payment.
- The undersign guarantor waives the right to require Foreign Auto Tech, Inc.
  1. To proceed against the above-referenced applicant.
  2. To proceed against or exhaust any security held from the above-referenced applicant.
  3. To pursue any other remedy available against the above-referenced applicant.
- The undersigned guarantor expressly waives any defense based on or arising out of any defense of the above-referenced applicant other than payment on full of indebtedness, including without limitation any defense based on or arriving out of the disability of the above-referenced applicant or the guarantor.

**PERSONAL INFORMATION**

COMPANY NAME

GUARANTOR NAME

PHONE

GUARANTOR'S HOME ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

SPOUSE NAME

DO YOU RENT OR OWN YOUR HOME

OTHER (EXPLAIN)

LANDLORD'S OR MORTGAGER'S NAME

PHONE

FAX

ADDRESS

CITY

STATE

ZIP

ACCOUNT #

CONTACT

**PERSONAL CHECKING ACCOUNT INFORMATION**

BANK NAME

PHONE

FAX

ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

BANK CONTACT

BANK CONTACT PHONE

**PERSONAL SAVINGS ACCOUNT INFORMATION**

BANK NAME

PHONE

FAX

ADDRESS

CITY

STATE

ZIP

ACCOUNT NUMBER

BANK CONTACT

BANK CONTACT PHONE

*All information hereby given to Foreign Auto Tech, Inc. shall remain confidential and is to be used for the purpose of processing this application and guarantee.*

**PERSONAL GUARANTOR SIGNATURE**

SIGNATURE:

PRINT NAME

TITLE

DATE



**BANK HISTORY REQUEST**

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I hereby authorize you to release and disclose information requested by Foreign Auto Tech, Inc. and it's agents for valid business purposes and information requests relating to my banking relationship with the financial institution and account number listed below:

SIGNATURE:		PRINT NAME	
TITLE		DATE	
<b>BANK INFORMATION</b>			
BANK NAME	PHONE	FAX	
ADDRESS	CITY	STATE	ZIP
ACCOUNT NUMBER	BANK CONTACT	BANK CONTACT PHONE	

**FINANCIAL INSTITUTION REFERENCE**

\*Note: Once application is faxed back to Foreign Auto Tech, Inc., We will fax this bottom portion to be completed by your bank ONLY.

**To Financial institution:** The above name is applying for terms with our company. Please kindly release the following information. Thank you.

B A N K  O N L Y	HOW LONG HAS THIS ACCOUNT BEEN WITH YOU?
	CURRENT BALANCE :
	HIGH ACCOUNT BALANCE :
	AVERAGE ACCOUNT BALANCE :
	NUMBER OF NSF CHECKS IN THE PAST _____ MONTHS:

**ATTENTION: FINANCIAL INSTITUTION PLEASE FAX BACK TO:  
(650)589-3130**