



# CREDIT APPLICATION STM AUTOMOTIVE

CORPORATE OFFICES  
P. O. Box 1709  
Martinez, Ca. 94553  
Phone (925) 372-4894  
Fax (925) 372-7712



dba S.P. AUTOMOTIVE

dba S & S DISTRIBUTORS

- SAN PABLO  
13965 San Pablo Ave.  
231-4100
- BENICIA  
1421 E. Fifth St.  
(707) 745-5910
- OAKLAND  
2244 Filbert St.  
372-4891
- MARTINEZ  
3830 Pacheco Blvd.  
372-7950
- BRENTWOOD  
8130 Brentwood Blvd.  
634-1121
- SAN LEANDRO  
534 Lowelling Blvd.  
351-0913

Name \_\_\_\_\_ Telephone \_\_\_\_\_

F R O M Address \_\_\_\_\_ Number of Years at This Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ State Resale# \_\_\_\_\_

Credit Amt. Requested \_\_\_\_\_ Federal ID# \_\_\_\_\_

P.O. required Yes  No  S.S.# \_\_\_\_\_  
Required if not a corporation

List Buyers if restricted \_\_\_\_\_ A/P Contact Person \_\_\_\_\_  
Use back if necessary. A/P Fax # \_\_\_\_\_  
A/P Telephone \_\_\_\_\_

Have you as an individual or your company ever filed bankruptcy? Yes  No  If yes, when? \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL — ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE**

FOR  CORPORATION  PARTNERSHIP  PROPRIETORSHIP  INDIVIDUAL  INCORPORATED WITHIN LAST 12 MONTHS

O W N E R S H I P	Name	Title	Home Address	City	Home Phone

F I N A N C E Bank Name \_\_\_\_\_ Telephone \_\_\_\_\_

Bank Address \_\_\_\_\_ Account Representative \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Account Number \_\_\_\_\_

R E F E R E N C E The following are three trade references that we are presently doing business with. (Note: Please furnish complete street address, city, state, zip, and phone.)

Company Name	Street Address	City, State, Zip	Phone #	Fax #

Statements are mailed on or about the 1st of each month. Our billing period runs from the 1st to the last day of the month. TERMS are 2% - 10th net 20th. Invoices not paid by the 20th are past due and will be charged 2% per month finance charge. Buyer agrees to pay all reasonable costs and expenses (including attorney's fees) incurred in collecting this account in the event it becomes delinquent. By signing this form I (we) certify that the above information is true and correct and that I (we) authorize any and all credit information needed to be released to STM Automotive. I (we) understand and accept these terms.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Print name here \_\_\_\_\_

STORE USE ONLY	
Credit approved by _____	Date _____
Credit limit _____	
Store requesting credit _____	