



Conditions of Sale and Terms of Payment

1. St. Croix Auto Parts, Inc. will have a credit application on file for all credit customers, with set credit limits. Each customer will be informed of their credit limit amount.
2. Any order over your credit limit must be paid before the parts are shipped/delivered.
3. All orders will be required to have authorized Purchase Order information, including accurate descriptions of the parts purchased.
4. We will send or email you a copy of your invoice, following the finalization of your order.
5. Statements will be mailed/e-mailed on the 1st of each month; the statement will then be due on or before the 20th of the month.
6. Interest will be charged on all past due amounts at the rate of 1.5% per month (18% per annum).
7. Charging privileges will be suspended for any company with unpaid invoices that are over 60 days old.
8. The rights of St. Croix Auto Parts, Inc. are not limited to the above.



CREDIT APPLICATION

Please Print Clearly

APPLICANT INFORMATION	REQUESTED CREDIT AMOUNT : \$ _____
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BUSINESS NAME:		
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PHONE:	FAX:	FEDERAL TAX ID:
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BILLING ADDRESS:		
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CITY:	STATE:	ZIP CODE:
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SHIPPING ADDRESS:		
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CITY:	STATE:	ZIP CODE:
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ACCOUNTING CONTACT NAME:	PHONE & EXT #:
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ACCOUNTING CONTACT E-MAIL:	
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WOULD YOU BE EXEMPT FROM PAYING SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX PERMIT #:
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DO YOU REQUIRE PURCHASE ORDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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IF YES, LIST NAMES OF INDIVIDUALS WHO ARE AUTHORIZED TO CHARGE TO THIS ACCOUNT:	
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BUSINESS TYPE:	YEARS IN BUSINESS:	DATE ESTABLISHED:
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OWNER / PRINCIPAL INFORMATION:	*FAILURE TO PROVIDE SOCIAL SECURITY # WILL RESULT IN A MAX CREDIT LINE OF \$500
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NAME:	TITLE:	*SOCIAL SECURITY #:
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E-MAIL ADDRESS:	PHONE & EXT #:
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NAME:	TITLE:	*SOCIAL SECURITY #:
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E-MAIL ADDRESS:	PHONE & EXT #:
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CREDIT / TRADE REFERENCE INFORMATION:
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BUSINESS:	CONTACT PERSON:
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PHONE:	FAX:	EMAIL:
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BUSINESS:	CONTACT PERSON:
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PHONE:	FAX:	EMAIL:
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BUSINESS:	CONTACT PERSON:
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PHONE:	FAX:	EMAIL:
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Any misrepresentation in this application will be considered as fraud, since the information herein is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is accurate and correct. You are authorized to investigate the credit references and principals listed. In consideration for extension of credit, said business promises to pay for all purchases with the terms agreed.

OUR TERMS: Statements will be delivered via mail or email on the 1st of each month. All items on the statement need to be paid on or before the 20th day of the month. The attached terms and conditions of sale are considered to be an integral part of this credit application.

Undersigned agrees to pay a service charge of 1.5% per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding monies due by said business, the undersigned agrees to pay reasonable collection agency costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the said business.

BUSINESS NAME: _____

OWNER/PRINCIPAL NAME (PLEASE PRINT): _____ TITLE: _____

OWNER PRINCIPAL SIGNATURE: _____ DATE: _____



PERSONAL GUARANTEE

In consideration for St. Croix Auto Parts, Inc. extending credit to the business identified below for any products and/or services after this at the request of the applicants or its' agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to St. Croix Auto Parts, Inc. by the business identified below whether said sums are due under open account, contract, or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between St. Croix Auto Parts, Inc. and the business. St. Croix Auto Parts, Inc. shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by St. Croix Auto Parts, Inc.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt request by, _____ . Said notice shall specify the date on which this guarantee is to be terminated. Said date is not to be less than 10 days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

NAME OF INDIVIDUAL GUARANTEEING PAYMENT:

HOME PHONE:

SS#:

TODAY'S DATE:

HOME ADDRESS:

YEARS AT ADDRESS:

SIGNATURE OF OWNER/PRINCIPAL, GUARANTEEING PAYMENT:

NAME OF BUSINESS GUARANTEED:

***FAILURE TO PROVIDE PERSONAL GUARANTEE WILL RESULT IN A MAX CREDIT LIMIT OF \$500.**

CREDIT DEPARTMENT USE ONLY:

DATE: _____

LINE OF CREDIT: APPROVED DENIED

AMOUNT: _____

**If you have any questions, or to return the filled-out credit application, please contact
Accounting at:**

Fax: 715-248-7725

Direct Line: 715-248-7718

Email: accounting@stcroixautoparts.com