

**PARTS & SERVICES GROUP – Short Form Application**  
**Maximum Credit Limit: \$ 2,000.00 Terms Net30**

## Primary Company Information:

Type of Business Conducted: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Net Worth: \_\_\_\_\_

## Type of Company:

California Corporation  Other State Corporation  Sole Proprietorship  Partnership  A Subsidiary of Another Company

## Party Responsible for Payment: (Billing Address – Contact Information)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address for Accounts Payable Contact: \_\_\_\_\_  
Email Address for the electronic submission of all invoicing: \_\_\_\_\_  
Tax Identification #: \_\_\_\_\_ Resale Account #: \_\_\_\_\_

**Either a Multi-State Blanket Resale Certificate or California Resale Certificate MUST be ATTACHED.**

### List of Authorized Account Users

*(Additions or deletions to the Authorized Account Users list must be in writing and signed by the Owner, Partner or Authorized Officer of the Company)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

## CERTIFICATION:

The information provided is accurate and for the purposes of obtaining credit. Full authorization to collect or verify any information is hereby granted to Agility Fuel Solutions, Inc. and its representatives and employees. The application when submitted releases all trade creditors, banks and other parties their agents and employees from any and all liability resulting from providing or verifying or using said information.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

A signed copy of this credit application must be received in order to establish credit with Agility Fuel Solutions. Credit approval must be completed before processing of your order.

Full Name of Company: \_\_\_\_\_

By: \_\_\_\_\_  
*Owner, Partner or Authorized Officer of Company* *Print Name & Title* *Date*