



Quickparts

301 Perimeter Center North
 Atlanta, GA 30346
 Phone: 770.901.3200 Fax: 770.901.3240
 Email: collections@quickparts.com

Credit Application

Application # _____

Company Name				DUNS#
Company Address				
City	State	Telephone	Fax	Business Type:
Postal Code		Email		Year Started:

Partners or Corporate Officers			
Name	Title	Phone	Email Address

Bank References				
Bank Name	Address	Account #	Contact Name	Contact Phone #

Trade References			
Name	Address	Phone #	Email Address

Accounts Payable Contact		Telephone#
A/P Hours of Operation	Fax	Email Address
A/P Mailing Address		
Federal Tax ID# OR Social Security Number:		

Applicant shall pay any collection costs incurred to collect the account balance. Such collection cost include, collection fees of the unpaid principal, plus interest. As an inducement of grant credit, the undersigned agrees to the release of all information on this application for verification purposes and authorizes, and releases all banks, businesses and persons identified on this application to furnish any and all information requested by Quickparts or its representative, by telephone or written correspondence whichever Quickparts, deems necessary.

The undersigned warrants that the information is true and correct.

As an inducement to grant credit, the undersigned further agrees that Quickparts shall have the right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Name	Title	Date
Signature		

Please Print and Sign Before Returning