Mendoza's Automotive, Inc.
14318 N. Bone Rd, Prosser, WA 99350
509-882-0500 · Fax 866-240-8478
parts@mendozasautomotive.com · mendozasauto.com

Business / Individual Credit Application & Account Agreement

Please complete all sections, sign, and return. Approval is at the discretion of Mendoza's Automotive, Inc.

APPLICANT

DATE

BUSINESS / INDIVIDUAL NAME

FEDERAL ID #

SOCIAL SECURITY # (individuals)

CHECK ONE

☐ Individual ☐ Sole owner ☐ Partnership ☐ Corporation

DELIVERY ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS (if different)

CITY

STATE

ZIP

PHONE

FAX

ACCOUNTS PAYABLE CONTACT

A/P PHONE

EMAIL FOR STATEMENTS

OFFICERS, PARTNERS AND OWNERS

Name	Title

BUSINESS / INDIVIDUAL INFORMATION

YEARS IN BUSINESS

YEARS AT PRESENT ADDRESS

NUMBER OF LOCATIONS

TYPE OF BUSINESS

CREDIT LINE DESIRED ($)

ARE PURCHASES FOR RESALE? (If yes, complete the resale certificate on page 2)

☐ No ☐ Yes

Return by email to parts@mendozasautomotive.com or at the counter.

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CREDIT REFERENCES

Name	Address	ZIP	Phone

BANK REFERENCES

Name and branch	Address	ZIP	Account #	Type (checking / savings / loan)

ACCOUNT CONTACT PERSON

ACCOUNT AGREEMENT

I hereby make an application for an account with Mendoza's Automotive Inc. with the understanding that each statement is to be paid in full on or before the 10th of each month following the date of purchase. The balance due after 30 days will bear interest at the rate of 1.5% per month. Overdue accounts will be C.O.D. until the unpaid balance is paid in full.

The applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the agreed terms. If Mendoza's Automotive Inc. employs a collection service or attorney to collect on said account, the applicant covenants and agrees to pay collection costs and attorney fees.

The applicant warrants and represents that all statements made herein are true and correct and agrees to pay this account in accordance with the terms set forth herein.

BUSINESS / INDIVIDUAL NAME

DATE

SIGNATURE (owner, corporate officer or applicant; mandatory)

TITLE

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Washington State Department of Revenue

Resale Certificate

NAME OF SELLER

Mendoza's Automotive Inc.

NAME OF BUYER / BUSINESS

ADDRESS OF BUYER (street)

CITY | **STATE** | **ZIP**

BUYER'S UBI / REVENUE REGISTRATION NUMBER

BUYER IS IN THE BUSINESS OF

TYPE OF ITEMS PURCHASED FOR RESALE (line 6)

I (the buyer) certify that I am purchasing the items listed on line 6 (check the lines that apply):

- ☐ For resale in the regular course of business without intervening use.
- ☐ For use as an ingredient or component part of a new article of tangible personal property to be produced for sale.
- ☐ As a chemical to be used in processing a new article of tangible personal property to be produced for sale.
- ☐ For use as feed, seed, seedlings, fertilizer, or spray materials in my capacity as a farmer.

I acknowledge that I am solely responsible for purchasing within the categories listed on line 6. I acknowledge that misuse of the resale privilege claimed by use of this certificate subjects me to a penalty of 50% of the tax due, in addition to the tax, interest, and any other penalties imposed by law.

PRINT NAME (person authorized to use the resale certificate)

SIGNATURE (person authorized to use the resale certificate)

EFFECTIVE DATE | **THROUGH (not to exceed 4 years)**