



1601 Mariposa Street, San Francisco CA 94107
office: 415/ 863-8007

APPLICATION FOR ACCOUNT

If you have any questions concerning this application, please don't hesitate to contact our accounts receivable dept
At: 415 / 863-8007 ext 723 -- fax# 415 / 992-4716 -- ar@mackenziewarehouse.com

Company Name	Legal Name: _____		
	Dba Name: _____		
Shipping Address	Street: _____	Cross street: _____	
	City: _____	State: _____	Zip: _____
	Will this account require multiple shipping locations? Yes: _____ No: _____		
	If Yes, how many shipping locations? _____ (please attach list with shipping location information)		
Billing Address (if different)	Street: _____		
	City: _____	State: _____	Zip: _____
Telephone #	Service/Parts Dept: _____	Office/Accounting: _____	
Fax #	Service/Parts Dept: _____	Office/Accounting: _____	
Company Contacts (Names)	Service/Parts Dept: _____	Office/Accounting: _____	
e-mail addresses	Service/Parts Dept: _____	Office/Accounting: _____	
Company website	Company web address: http://: _____		
OWNERSHIP (non-incorporated)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership (Please provide information on all partners) Name(s): _____ Personal address: _____ City: _____ State: _____ Zip: _____ Personal telephone: _____ Fax # _____ Social Security #: _____ CA drivers licence#: _____ e-mail address: _____		
OWNERSHIP (Incorporated)	<input type="checkbox"/> Corporation Incorporated in which state: _____ Type: S C Other: _____ Fed Tax ID#: _____ Secretary's Name: _____ President's Name: _____ Personal address: _____ City: _____ State: _____ Zip: _____ Personal telephone: _____ Fax# _____ e-mail address: _____		
Landlords Name		Landlords Address	
Landlords Telephone#			
Years in business		Years at present location	
Will this account be paying sales tax on it's purchases? If No, please fill out the attached Resale Certificate	Yes: _____ No: _____		
In which County is the business located?	County: _____		
Is the business or owner(s) in the process of filing for bankruptcy?	Yes: _____ No: _____		
Has the business or owner(s) filed business and/or personal bankruptcy in the last seven years?	Yes: _____ No: _____		
Do you require the use of Purchase Orders (PO's)? We strongly urge the use of PO numbers.	Yes: _____ No: _____		
If Yes, do you have a PO format you use? (ex: license #, RO #...etc)	Format: _____		
Please list employees authorized to order parts for this account: (Please notify us in writing of any changes)	_____		
Will we be delivering to your business or will you be picking up your orders (will call)? Please list employees authorized to pick-up / will call orders:	Delivery Only: _____ Will Call Only: _____ Both: _____		
Do you allow employees to enjoy your pricing if they purchase parts on their own at MacKenzie's on a taxable cash invoice basis?	Yes: _____ No: _____		
Do you have any specific delivery instructions you would like our drivers to follow?	_____		
Do you have any specific instructions or requests that you would like our countermen (phone orders) to follow?	_____		

THE FOLLOWING INFORMATION MUST BE COMPLETED FOR OPEN ACCOUNT

BANKING INFORMATION (Must be completed if checks will be given as payment, includes COD customers)	Bank Name: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Telephone #: _____ Contact: _____
	Checking Acct #: _____
	Savings Acct #: _____

Please provide three suppliers where presently the business is purchasing on **Open Account / Charge**. Please provide suppliers in the **automotive industry**. If no credit information is available, please provide two suppliers where presently the business is purchasing on a **Cash** basis. Please provide suppliers in the **automotive industry**.

SUPPLIER'S NAME & Telephone number	ACCOUNT #	MONTHLY PURCHASES	TERMS	METHOD OF PAYMENT
			Charge Cash	Cash Check Credit Card

I authorize the release of credit information regarding the **BANK ACCOUNTS** and the **SUPPLIERS** listed above for the purpose of establishing and maintaining an account with MacKenzie Warehouse.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

MACKENZIE CREDIT TERMS (please circle desired terms)

TERMS	DESIRED CREDIT LIMIT	DESCRIPTION
DAILY	\$	Net due the following working day (statements printed every morning) Method of payment accepted: Check, Cash or Credit Card* (processed on due date)
WEEKLY	\$	2% discount Wednesday, Net due Friday (Statements printed every Monday at 8:00am). Method of payment accepted: Check or Cash
WEEKLY *	\$	1% discount Wednesday (Statements printed every Monday at 8:00am) Method of payment accepted: Credit Card* (processed on due date / Wedbesdays)
MONTHLY	\$	2% discount 10th, Net due 20th (Statements printed last day of month) Method of payment accepted: Check or Cash
MONTHLY*	\$	1% discount 10th (Statements printed last day of month) Method of payment accepted: Credit Card* (processed on due date / 10 th of month)
COD	\$	Payment due immediately upon delivery Method of payment accepted: Check or Cash

*If desired method of payment is Credit Card, please return the attached CREDIT CARD PAYMENT authorization form.

How would you like to receive the statement(s)	()Mail ()Delivery ()Fax# _____
Who will be the primary contact for billing and accounts payable issues?	Name: _____ Telephone: _____ Fax: _____

- ◆ A 1.5% Monthly service charge is billed to all past due accounts showing over 30 day old invoices.
- ◆ Accounts with unpaid past due balances will be placed on COD if a payment schedule can not be arranged.
- ◆ There will be a \$40.00 charge for each non-sufficient fund check occurrence.
- ◆ In the event a buyer defaults in terms of payment, the seller may recover from the buyer all costs of collection, including without limitation reasonable attorney's fees, whether or not such collection includes the commencement of a lawsuit. The undersigned (guarantor) unconditionally personally guarantees and promises to pay any and all the amounts charged on credit under the terms and conditions described on this credit application.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Social Security #: _____ CA drivers license #: _____