

TCD Parts, Inc.  
P.O.Box 396  
Smithville, MO 64089-0396

**APPLICATION FOR CREDIT  
and  
PURCHASE AGREEMENT**

Telephone number: 816-227-3207  
Toll free number: 800-823-8313  
FAX number: 888-823-8233  
email: tcdparts@tcdparts.com

\*\*\* = Required field. Please type or print

|   |              |                         |                                |                               |               |           |
|---|--------------|-------------------------|--------------------------------|-------------------------------|---------------|-----------|
| Date  | ***          | Credit Line Request     | Tax Exempt? _____ Yes _____ No | ***                           | Tax ID Number | ***       |
| / /   |              | \$                      | (If yes) Resale Number         | ***                           | DUNS Number   |           |
| <b>BILLING INFORMATION ***</b>                            |              |                         |                                |                               |               |           |
| Full Legal Name/Business Entity                           |              | Business Phone          |                                | Business Fax                  |               | email:    |
| Street Address  |              | City                    |                                | State                         |               | Zip Code  |
| Billing Address   |              | City                    |                                | State                         |               | Zip Code  |
| <b>BUSINESS CREDIT INFORMATION ***</b>                    |              |                         |                                |                               |               |           |
| Chief Executive   |              | Title                   |                                | Type of business              |               |           |
| Year Started  | Annual Sales | #Locations              | DBA or AKA                     |                               |               |           |
| If Subsidiary, Name of Parent Company                     |              |                         | Contact Name                   |                               | Telephone     |           |
| Street Address  |              | City                    |                                | State                         |               | Zip Code  |
| <b>BANK REFERENCE ***</b>                                 |              |                         |                                |                               |               |           |
| Financial Institution                                     |              | Checking Account Number |                                | Contact Name                  |               | Telephone |
| Street Address  |              | City                    |                                | State                         |               | Zip Code  |
| Credit Card - AMEX: _____ MC: _____ VISA: _____ No. _____ |              |                         | Expiration Date: _____         |                               |               |           |
| <b>TRADE REFERENCES (Active Accounts Only) ***</b>        |              |                         |                                |                               |               |           |
| Name  | Address      | City                    | State                          | Telephone Number / Fax Number |               |           |
| Name  | Address      | City                    | State                          | Telephone Number / Fax Number |               |           |
| Name  | Address      | City                    | State                          | Telephone Number / Fax Number |               |           |

**TERMS and CONDITIONS:** All accounts are due and payable net 30 days from invoice date. Accounts not paid in 30 days are subject to an interest charge. No returned goods will be received without authorization and are subject to a restocking fee unless due to our error. Freight charges are prepaid.

I hereby apply for credit terms with TCD Parts, Inc. The information shown here is true, accurate and complete to the best of my knowledge. I authorize TCD Parts, Inc. to verify all credit and financial information provided and to contact individuals and companies referenced. In addition, I authorize my bank to release information requested by TCD Parts, Inc. for the processing of this application. Should it become necessary to collect this account through an attorney, legal proceedings, or otherwise, the undersigned, including endorser, promises to pay all costs of collection, including reasonable attorney fees

\*\*\* Authorized applicant's signature required to complete application \*\*\*

By: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge the 30 day terms and understand that credit privileges may be rescinded if past due

For TCD Parts, Inc. use only:

Processed by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_