

Repco Replacement Parts, Inc.

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CREDIT APPLICATION

Credit Terms Are Net 30 Days And Are Strictly Enforced

Application Date: _____
Company Name: _____
Address: _____
Address: _____
City.State.Zip: _____
Phone: _____ Fax: _____
Owner/Manager: _____ Year Started: _____
Home Address: _____ Parts/Service: _____
City.State.Zip: _____ AP Contact: _____
Home Phone: _____

Account information must be complete. Please list current banking information.

Bank Name: _____ Officer: _____
Bank Phone: _____ Branch: _____

Officer Signature to Check Banking Info Date

Account information must be complete. Please list three vendors with at least a three-year history.

Vendor Name: _____ Acct #: _____
Address: _____ Years: _____
City.State.Zip: _____ High Bal: _____
Phone: _____ Fax: _____

Vendor Name: _____ Acct #: _____
Address: _____ Years: _____
City.State.Zip: _____ High Bal: _____
Phone: _____ Fax: _____

Vendor Name: _____ Acct #: _____
Address: _____ Years: _____
City.State.Zip: _____ High Bal: _____
Phone: _____ Fax: _____

Your credit application cannot be processed without complete vendor/banking contact information. If your account is not approved, we set our Customers up as PrePay or Credit Card accounts. For all companies with less than five shareholders (sole proprietors, C-corps, partnerships, etc.), a home address and phone number of at least one owner/partner must be provided and verified. **THERE WILL BE NO EXCEPTIONS. YOU WILL NOT BE CONTACTED AT HOME UNLESS AN ACCOUNT REACHES 90 DAYS. WE WILL START COLLECTIONS PROCEDURES, WHICH MAY INCLUDE CONTACTING VIA PHONE OR MAIL THE NAMES GIVEN ON THIS CREDIT APPLICATION.**