

**CREDIT APPLICATION**

**Woodman's Parts Plus**  
 PO Box 186, 587 Pine River Pond Road  
 East Wakefield, NH 03830  
 Fax# 603-522-3007

Date Established: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Resale # or Sales Tax Exemption #: \_\_\_\_\_

Identity: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Contacts in Accounts Payable: \_\_\_\_\_

Name(s) of Principal(s): \_\_\_\_\_

Are you a member of the HPBA or one of its affiliates? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Please provide four current trade credit references and all the following information:**  
 (Email or Fax numbers are required)

1) Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email or Fax #(required) \_\_\_\_\_

2) Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email or Fax #(required) \_\_\_\_\_

3) Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email or Fax #(required) \_\_\_\_\_

4) Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email or Fax #(required) \_\_\_\_\_

In representing the above applicant, I do hereby certify that all information supplied within this application is true to the best of my knowledge and has been supplied for the purpose of doing business with Woodman's Parts Plus in good faith. I understand that Woodman's Parts Plus reserves the right to increase, suspend or terminate at any time, any credit limit previously established. I accept the terms of doing business set forth by Woodman's Parts Plus and agree that in the event of default in payment Woodman's Parts Plus may charge the applicant's account 1½% interest per month. Also any collection expenses incurred to collect will be paid by applicant.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_