



# SSF IMPORTED AUTO PARTS

## ACCOUNT APPLICATION

www.ssfautoparts.com

PLEASE COMPLETE ALL FIELDS

SSF Account Rep

Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ACCT# \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS TYPE (CHECK ALL THAT APPLY)  INSTALLER  COLLISION REPAIR  AUTHORIZED DEALER  RESELLER

# OF TECHNICIANS \_\_\_\_\_ # OF SERVICE BAYS \_\_\_\_\_ % OF EUROPEAN SERVICED \_\_\_\_\_

YEAR STARTED \_\_\_\_\_ YEARS AT PRESENT ADDRESS \_\_\_\_\_ ESTIMATED MONTHLY SSF PURCHASES \$ \_\_\_\_\_

REQUESTED PAYMENT TERMS (CHECK ONE)  CASH\*\*  COMPANY CHECK  MONTHLY BILLING/NET 30\*\*\*

\*\*Common courier, (i.e. UPS, FedEx, etc) must be paid with a Cashiers Check or Money Order. Couriers do not accept cash. \*\*\*Please also complete the credit application

FEDERAL TAX ID NUMBER # \_\_\_\_\_

PROPRIETORSHIP (CHECK ONE)  SOLE  PARTNERSHIP  CORPORATION DATE INCORPORATED \_\_\_\_\_ /ST

1. OWNER NAME \_\_\_\_\_ TITLE \_\_\_\_\_

2. OWNER NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**USA CUSTOMERS** I HEREBY CERTIFY: THAT I HOLD A **VALID SELLER'S PERMIT NUMBER:** \_\_\_\_\_ /ST

ISSUED PURSUANT TO THE SALES AND USE TAX LAW; THAT I AM ENGAGED IN THE BUSINESS OF SELLING: \_\_\_\_\_  
 THE TANGIBLE PERSONAL PROPERTY (=AUTO PARTS) I/WE INTEND TO PURCHASE WILL BE RESOLD IN THE FORM OF TANGIBLE PERSONAL PROPERTY; PROVIDED HOWEVER, THAT IN THE EVENT OF SUCH PROPERTY IS USED FOR ANY PURPOSE OTHER THAN RETENTION, DEMONSTRATION, OR DISPLAY WHILE HOLDING IT FOR SALES IN THE REGULAR COURSE OF BUSINESS, IT IS UNDERSTOOD THAT I AM REQUIRED BY THE SALES AND USE TAX LAW TO REPORT AND PAY TAX, MEASURED BY THE PRICE OF SUCH PROPERTY OR OTHER AUTHORIZED AMOUNT.

### TERMS AND CONDITIONS

**PAYMENT TERMS**

SSF Terms of Payment are Cash, Credit Card, COD, or Monthly Billing. COD and Monthly Billing are based on approval and Monthly Billing requires completion of all indicated fields on the credit application. For any customers requesting COD or Monthly Billing, SSF will obtain a business credit report for evaluation purposes.

COD terms are **company check or company credit card.**

Monthly Billing/Net 30: The net amount of each monthly statement is due 30 days from the date of the invoice. All goods remain the property of SSF until paid in full. Monthly Billing accounts that are more than 30 days past due will be subject to a 1.5% late payment charge and will be automatically changed to a COD account.

In the event the account is collected by suit or otherwise, the customer will pay the attorney fees.

Returned checks: There will be a \$40.00 fee for each returned check.

**FREIGHT TERMS**

All orders will be shipped Freight Collect within 24 hours, best way, at SSF's discretion. NOTE: The minimum order amount is \$50.00. Prices are subject to change without notice.

**CLAIMS/RETURN OF MERCHANDISE**

Within 5 days after receipt of each shipment, any shortage, wrong parts, concealed damage, etc. discovered must be reported to a SSF salesperson. All items to be returned must have an Authorization Number issued by a SSF salesperson and must be shipped prepaid within 10 days of receipt of the Authorization Number.

**NO PARTS WILL BE ACCEPTED OR STOCK RETURNED BEYOND 60 DAYS FROM THE DATE OF PURCHASE.**

- The returned merchandise must be accompanied by the original invoice or pickpack and be unused, resalable and still in the original, undamaged package.
- There are no returns accepted on Tools, Electrical Parts, or Special Orders.
- Shipments not meeting these requirements will be returned to sender.
- A minimum Restocking Fee of 10% will be charged for returns resulting from customer error.
- Defective items will be replaced or credited. However, we will not guarantee parts which became defective due to improper installation or if they are used in any other manner not intended by the manufacturer.

**MOTORSPORT AND OFF-ROAD DRIVING IS DANGEROUS AND MAY RESULT IN SERIOUS INJURY OR DEATH. SSF DECLINES ANY RESPONSIBILITY ON CLAIMS OR CONSEQUENTIAL DAMAGES RESULTING FROM PARTS SUPPLIED AND INSTALLED FOR OFF-ROAD OR RACING PURPOSES. THE PURCHASER OF THESE PARTS ASSUMES ALL LIABILITY AND SHOULD COMPLY WITH LOCAL, STATE, AND FEDERAL LAWS.**

All sales are F.O.B. point of shipment. The customer must make claims for damage or loss of merchandise resulting from handling during transportation directly with the delivery carrier.

**APPLICATION INFORMATION**

Information provided by SSF has been carefully researched in the hope that it may be helpful. We cannot, however, assume any responsibility for errors and/or omissions. Car Manufacturer's part numbers are given for comparison purposes only. This Agreement shall be governed by and construed in accordance to the laws of the State of California. Any action to enforce or interpret this Agreement shall be brought in a court of competent jurisdiction in San Mateo County, California.

THE ABOVE INFORMATION GIVEN IS CORRECT AND I/WE UNDERSTAND AND ACCEPT SSF'S "TERMS AND CONDITIONS."

COMPANY NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_



**SSF IMPORTED AUTO PARTS**  
**MONTHLY BILLING CREDIT APPLICATION**  
 www.ssfautoparts.com

SSF Account Rep

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **ACCT#** \_\_\_\_\_

**CREDIT LIMIT REQUESTED** \$ \_\_\_\_\_

**BUSINESS BANK REFERENCES**

<b>1. Bank Name</b>	Address	
Checking Acct#	Phone Number	Fax Number
Savings Acct#	Email	

**VENDOR CREDIT REFERENCES** (Any vendors with similar monthly spend)

<b>1. Vendor Name</b>	Address	
Account #	Contact Name	
Credit Limit	Phone	Fax
<b>2. Vendor Name</b>	Address	
Account #	Contact Name	
Credit Limit	Phone	Fax
<b>3. Vendor Name</b>	Address	
Account #	Contact Name	
Credit Limit	Phone	Fax

I/WE AUTHORIZE OUR ABOVE REFERENCES TO RELEASE CREDIT INFORMATION TO SSF IMPORTED AUTO PARTS.

**COMPANY NAME** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_