

**BUSINESS ACCOUNT REQUEST**



**NORRIS**  
AUTOMOTIVE GROUP



925 Merritt Blvd • Baltimore, MD 21222 • www.norrisautogroup.com

Application for a business account is hereby made and the following references given. It is understood that this application will be held in strictest confidence and used only by our credit departments. By providing e-mail address and fax # permission is granted to send/receive important communications from Packer Norris Parts, LLC ("PNP"), Norris Automotive Group, and/or "Future Business Partners". Such communications are intended to provide you with information that may have an impact on your business including, but not limited to: industry updates; invoice or statement copies; promotional announcements, etc.

**Account Type Requested:**  Cash/Check  Credit/Debit Card  Charge Account: Requested Credit Limit \$ \_\_\_\_\_

**Interested In:**  Mechanical Service Work  Parts (Indicate Parts Lines:  Ford  Nissan  Acura  Honda)

**BUSINESS INFORMATION**

**Type of Business:**  Body Shop  Commercial/Fleet  Gov't Agency  Mechanical Shop  Car/Truck Dealer  Other

**Classification:**  Corporation  Partnership  LLC  Sole Proprietor  Government  Non-Profit

Company Name: \_\_\_\_\_ Principal Owner: \_\_\_\_\_

Accounts Payable Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Orders Required?  Yes  No

Federal ID #: \_\_\_\_\_ State Tax Exempt #: \_\_\_\_\_ (Please attach Resale or Exemption Certificate)

**BILL TO:**  Check if Billing and Shipping addresses are the same **SHIP TO:** (Please attach additional shipping addresses on a separate sheet)

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**BANK REFERENCES** (Business Account Only)

Name of Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Account No: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BUSINESS REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned hereby jointly, severally and irrevocably guarantees payment to Packer Norris Parts, LLC, Norris Automotive Group, and/or "Future Business Partners" all sums due or which may become due from the above named applicant (including NSF Bank fees, interest charges on past due balances, attorney's fees, and court costs) in consideration of any credit extended to the applicant by any/all parties named above. Payment on charge accounts due on the 15th of the month following statement date.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

**INTERNAL USE ONLY**

Cash/Check/Credit/Debit Card  Charge Account  Credit Limit \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Acct #: CFT-A: \_\_\_\_\_ EW-A: \_\_\_\_\_ PNP-A: \_\_\_\_\_