



RETURN VIA FAX TO 414-543-4405  
or to [accounts@pdifederated.com](mailto:accounts@pdifederated.com)

FOR OFFICE USE ONLY  
STORE: \_\_\_\_\_ SLP: \_\_\_\_\_  
A/N: \_\_\_\_\_

### Parts Distributing, Inc.

6155 w Forest Home Ave Milwaukee, WI 53220  
PDI-South PDI-North PDI-Sheboygan PDI-Waukesha

#### APPLICATION FOR CREDIT

We hereby request that Parts Distributing, Inc. (Hereinafter referred to as PDI) extend credit privileges to our company and certify that the information provided below is correct. We agree to meet the terms and conditions set forth below if approved by PDI.

AMOUNT REQUESTED: \_\_\_\_\_ TYPE:  COD  WEEKLY  MONTHLY  OPEN ITEM  PO REQ

EXACT LEGAL NAME: \_\_\_\_\_ (hereinafter referred to as purchaser)

D/B/A Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

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

Federal ID \_\_\_\_\_ Type:  Corporation  LLC  Partnership  Sole Ownership

#### **TRADE REFERENCES: (3 REQUIRED) – Please Complete Highest Monthly Credit References**

1. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

2. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Business Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

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

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

Personal Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

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

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

#### **NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS**

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent  Own  Social Security No. ( \_\_\_ - \_\_\_ - \_\_\_\_\_ )

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent  Own  Social Security No. ( \_\_\_ - \_\_\_ - \_\_\_\_\_ )

#### **The undersigned also agrees to the following TERMS and CONDITIONS:**

The undersigned, individually, in consideration of PDI extending credit to Purchaser, do hereby PERSONALLY GUARANTEE payment in full to PDI of all amounts hereafter owed to PDI, as well as legal fees, should PDI refer the account to attorney for collection. Such GUARANTEE is made each time that Services or Merchandise is ordered from PDI. I (We) hereby authorize release to PDI of any and all information concerning employment, checking accounts, savings accounts, and information on all other credit matters that may be relevant to this application and agree that PDI may re-verify this information from time to time. PDI reserves the right to terminate or modify terms of credit without further notice.

X Signed \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

X Signed \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_