



REQUIREMENTS FOR OPEN ACCOUNTS NO EXCEPTIONS

1. COMPLETE CREDIT APPLICATION FORMS
2. COMPLETE CHECK ACCEPTANCE FORM
3. ATTACHED COPY OF ANNUAL RESALE TAX CERTIFICATE FOR SALE
4. IF SS# NOT LISTED ON CREDIT APPLICATION MUST PROVIDE WITH CREDIT REFERENCES
5. COMPLETE CREDIT CARD AUTHORIZATION FORM
6. ATTACHED COPY OF DRIVER LICENSE AND CREDIT CARD

REQUIREMENTS FOR COD, CASH OR CREDIT CARD ACCOUNTS - NO EXCEPTIONS

1. COMPLETE FRONT PAGE OF CREDIT APPLICATION FORM
2. ATTACHED COPY OF ANNUAL RESALE TAX CERTIFICATE FOR SALE
3. COMPLETE CHECK ACCEPTANCE FORM
4. COMPLETE CREDIT CARD AUTHORIZATION FORM
5. ATTACHED COPY OF DRIVER LICENSE AND CREDIT CARD



National Auto Parts Warehouse, Inc. 11150 N.W. 32nd Avenue Miami, Florida 33167
A.K.A. National Performance Warehouse Office: 305-953-7270 Fax: 305-953-7290

ACCOUNT APPLICATION

Date: _____ 20 _____ Maximum Credit Applied For: _____

Federal Tax Id#: _____ Sales Tax ID#: _____

Name Of Company Applying For Credit: _____

D/B/A

Name: _____

Mailing Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Business Phone#: _____ Business Fax#: _____

Name Of Officers Or Owner Of Company And Title:

1. _____ Title: _____

2. _____ Title: _____

3. _____ Title: _____

Bank Affiliation: _____ Phone: _____

Person Responsible For Payment Approval: _____

Are Purchase Orders Required To Place Order? _____

Business References

1. _____

2. _____

NOTE: In consideration of National Auto Parts Warehouse, Inc. extending credit, we agree jointly and severally to pay all goods, wares and merchandise supplied to any of us and/or the above named business. All goods delivered to the purchaser named herein shall remain the property of the vendors until specified purchase is paid in full. A service charge of 1 1/2% per month (totaling 18% annum) will be added to all past due accounts. In the event of any default by purchaser, the sellers may take possession of the goods without legal process. In the event it becomes necessary to place account with an Attorney for collection, we agree to pay all costs of collection including reasonable Attorney's fees and hereby waive our privilege of being sued in the county of our residence and agree if suit is brought, that venue will be in Broward County at the option of National Auto Purts Warehouse, Inc. without written consent National Auto Parts Warehouse, Inc. Company shall notify National Auto Part Warehouse, Inc. of any change in ownership or form of Company.

* By signing this application, you are authorizing National Auto Parts Warehouse, Inc. to verify your Credit History and Records.*

Company: _____

* Signed: _____

Social Security#: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Account #: _____

Salesman: _____

Contract Of Individual and Personal Guaranty

In Consideration of National Auto Parts Warehouse, Inc. or its authorized agents granting credit to Company, as set forth on the reverse side thereof, the undersigned, guarantor or guarantors, jointly, severally and individually guarantee payment in full, all present and, future indebtedness of any kind and nature, of the Company, to National Auto Parts Warehouse, Inc.

This guaranty agreement is absolute, unconditional and continuing. The obligation of the guarantors hereunder shall be binding notwithstanding of any of the following: extension of time payment, alteration of the Company, or failure to give any notices required by law. This guaranty shall become enforceable upon failure of the Company to make payment of any indebtedness due National Auto Parts Warehouse, Inc. immediately upon demand therefore at or after maturity.

The obligation of each guarantor individually shall continue until written notice of termination is received by National Auto Parts Warehouse, Inc. located at 1 1150 N.W. 32nd Ave. and shall terminate only as to such guarantor giving notice, and only as to such indebtedness incurred subsequent to the date that such termination notice was received.

We agree to immediately notify National Auto Parts Warehouse, Inc. of any change of ownership or form of the Company. This instrument shall remain in force and effect until actual notice of revocation is received by National Auto Parts Warehouse, Inc.

In the event it becomes necessary to enforce this guaranty, we agree to pay all costs of such enforcement including reasonable Attorney's fees and hereby waive our privilege of being sued in the County of our residence and agree if suit is brought, that venue will be in Broward County at the option of National Auto Parts Warehouse, Inc.

Signed and delivered this _____ day of _____, 20_____

Guarantors

Print Full Name

Print Full Name

Signature

Signature

SS# and Driver's License # /State

SS# and Driver's License # /State

Home Address

Home Address

City, State & ZIP Code

City, State & ZIP Code

Witnesses

Print Full Name

Print Full Name

Signature

Signature

CREDIT DEPARTMENT USE ONLY

Company Contacted: 1. _____ 2. _____ 3. _____

Contact Name: 1. _____ 2. _____ 3. _____

Length of Time Sold: 1. _____ 2. _____ 3. _____

High Credit: 1. _____ 2. _____ 3. _____

Terms: 1. _____ 2. _____ 3. _____

Pay Due When: 1. _____ 2. _____ 3. _____

Other Comments: 1. _____ 2. _____ 3. _____

Dredit Line Auth.: 1. _____ 2. _____ 3. _____



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CREDIT CARD AUTHORIZATION

PLEASE FAX TO: 305-953-7290

I, _____ authorized national performance warehouse to charge my credit card.

Visa / Mastercard

Business Name: _____

Address: _____

Business Credit Card: _____ Personal Credit Card: _____

Cardholder Name: (Print Name) _____

Driver License #: _____

Credit Card Member Address: _____

Credit Card #: _____

Exp Date: _____ Code: _____

IMPORTANT: PLEASE ATTACH A COPY OF YOUR CREDIT CARD & COPY OF YOUR DRIVER LICENSE

Purchase Order or Invoice #: _____

Amount \$: _____

Date: _____ Signature: _____

Would You Like To Let Your Credit Card On File: YES NO If Yes, Please Sign Below.

Signature on File: _____



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CHECK ACCEPTANCE APPLICATION

Date:

Business Name:

Address:

Business Phone #: Fax #:

Email Address:

Type of Business:

CORPORATION PARTNERSHIP INDIVIDUAL OWNER YEARS ON BUSINESS

Federal & Sales Tax ID:

PLEASE ATTACHED RESALE CERTIFICATE

1) Name of Officer:

Title

Address

City, State & ZIP Code

Phone #

SS#

2) Name of Officer:

Title

Address

City, State & ZIP Code

Phone #

SS#

Bank Name

City, State & ZIP Code

Routing #

Account #

NOTE: ALL INFORMATION REQUESTED MUST BE PROVIDED TO ENSURE PROCESSING OF YOUR APPLICATION.

RETURNED CHECKS (NSF) WILL INCUR A SERVICE CHARGES OF 5% (WHICHEVER IS GREATER) AND YOUR ACCOUNT WILL BE PLACED ON "CASH ONLY" PAYMENT STATUS. CHECK WILL NOT BE RE-DEPOSITED AND WILL BE SENT TO THE STATE ATTORNEY'S OFFICE FOR CRIMINAL PROSECUTION IF NOT PAID IN FULL WITHIN 5 DAYS.

Name (Print)

Title

Signature

Date

COMPANY USE ONLY

ACCT #: DISCOUNT MATRIX: WEB ACCESS #: SALESMAN:



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If you intend to use a company check when your orders arrive, please fill out the information below and mail in the envelope provided. Be sure to fill in the name of your bank and sign your name. If other persons are authorized to sign your company check, their information is also needed as well as their signature(s) below:

LAST (PLEASE PRINT)		FIRST	MIDDLE INITIAL
RACE/SEX	HT/WT	HAIR/EYES	SIGNATURE
NAME OF BANK		ADDRESS	
DATE OF BIRTH	DRIVER'S LICENSE #		STATE
LAST (PLEASE PRINT)		FIRST	MIDDLE INITIAL
RACE/SEX	HT/WT	HAIR/EYES	SIGNATURE
HOME ADDRESS		CITY	STATE
DATE OF BIRTH	DRIVER'S LICENSE #		STATE
			SOCIAL SECURITY #

If other person will be signing company check, complete the following information: