



HUST BROTHERS, INC.

Since 1919

Largest Automotive Parts House
in Northern California

P.O BOX 591 – 710 3rd ST.

MARYSVILLE, CA 95901

PH# 530-743-1561 Ext. 154

FX # 530-743-2603

EMAIL – OFFICE@HUST.COM

Applicants Full Name _____ Date ___/___/___

Name of Business _____ Credit Line Desired _____

Mailing Address Street City State Zip Code

Email Address _____

Phone # _____ Contact Person _____

Sole Proprietor

Name _____

Complete Address _____

Ss # ___/___/___ Date of Birth ___/___/___ Age _____

ID # _____ Issued On ___/___/___ Expires On ___/___/___



Partnership

Names

1. _____
2. _____
3. _____

Social Security #

1. _____
2. _____
3. _____

Complete Address

1. _____
2. _____
3. _____

Date Of Birth

1. _____
2. _____
3. _____

Age

- _____
- _____
- _____

ID#

1. _____
2. _____
3. _____

Issued On

- ___/___/___
- ___/___/___
- ___/___/___

Expires

- ___/___/___
- ___/___/___
- ___/___/___

Vendor Creditors (NO BANKS)

Name _____
Address _____

Phone # _____
Fax # _____
Acct # _____

Name _____
Address _____

Phone # _____
Fax # _____
Acct # _____

Name _____
Address _____

Phone # _____
Fax # _____
Acct # _____

Name _____
Address _____

Phone # _____
Fax # _____
Acct # _____



We understand this is not a revolving credit account. Finance charges are imposed on previous balance. Approximate closing date is 25th of the month for current charges. To avoid finance charges pay before the 23rd of the following month. If paid check/cash/money orders every month by the 10th receive a 2% discount. If account has a balance more than 30 days will not receive the discount noted every month at the bottom of the statement. Anything after 90 days will result in a hold on account until paid in full/current. We hereby apply for credit and certify that information above is correct. We authorize you to contact above references for credit information. By signing this application, as owner/agent, I/we agree to all terms and conditions of said contract.

Signed _____ Date ___/___/___ Title _____

How to Receive Statements/Invoices

Account Number: _____

Please check your preferences in the boxes below.

Statements

- I want my statements without invoices emailed to:
- I want my statements with invoices emailed to:
- I want my statements without invoices sent by USPS to the address on the account.
- I want my statements with invoices sent by USPS to the address on the account.

Invoices

- At the time of purchase I want my invoices emailed to: _____ ,
a printed copy is not needed.
- At the time of purchase I want my invoices printed and given to me or my representative.
- At the time of purchase I want my invoices printed and given to me or my representative, I also want a copy emailed to: _____

Authorized by: _____
Signature

Authorized by: _____
Print

Account Restrictions

Name or Business: _____

Account Number: _____ Contact Number: _____

Names of Authorized Users/Signers

Printed Name

Signature

Do you want proof of ID prior to purchase? Yes No

Name of Authorized Company Representative (Print)

Date

Signature of Authorized Company Representative