



HUST BROTHERS, INC.

Largest Automotive Parts House
in Northern California

P.O BOX 591 – 710 3rd ST.
MARYSVILLE, CA 95901
TEL# 530-743-1561 Ext. 154
FAX # 530-743-2603
EMAIL – AR@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. 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