



J.K. Distributors, Inc. T/A

**J.K. Auto Parts**

P.O. Box 1249, 3439 Carlin Springs Road  
Baileys Crossroads, VA 22041  
Office 703.845.7040 / Fax 703.845.7006

**APPLICATION FOR CREDIT**

Store# _____
Acct# _____

Business Name: \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Legal Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Accts. Payable Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Federal I.D. Number: \_\_\_\_\_ Tax Exempt Number: \_\_\_\_\_  
 Other Business Name: \_\_\_\_\_  
 Other Business Location(s): \_\_\_\_\_  
**If Sole Proprietor:** Name: \_\_\_\_\_  
**or Partnership** Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**If Corporation:** Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
 Name of Officers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THREE CREDIT REFERENCES**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Bank Account # \_\_\_\_\_  
 Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Finance Charge** is computed by a single periodic rate of 1 1/2% per month over 30 days which is an **ANNUAL PERCENTAGE RATE OF 18%** (min charge of 50 cents). If said percent is greater than the lawful maximum, then the lawful maximum rate shall prevail.

**Office Use Only:** Approved: \_\_\_\_\_ Credit Limit \_\_\_\_\_ Slsm#: \_\_\_\_\_ Type: \_\_\_\_\_ Class: \_\_\_\_\_  
 PF: \_\_\_\_\_ Matrix: \_\_\_\_\_ Hot: \_\_\_\_\_