

# Instructions for Completing the Weathers Auto Supply Application:

## General Information:

1. Your business must be automotive related to qualify for a Weather's Auto Supply Account
2. An account application is required for ALL accounts COD, Charge Card, & Open Account
3. Make sure all blanks are filled in. Applications with missing information will delay the approval process. Please type or neatly print all information.
4. Terms and Policies MUST be signed and returned.
- 5. If you want a COD or chargecard account, we do not need references. COD customers must give bank information and principle owner information. Chargecard customers can skip the second page, just fill out the large credit card form.**

Please fax completed application to: (804) 861 6899

You can reach accounting at 800-572-2886 Ext. 103 if you have any questions.

Thank you for your business!



# Account Application

This application must be completed in full and signed by a principal officer or owner of your company. Please indicate the payment terms you are requesting:  
 COD    Charge    Credit card

## Company Information

Type of Business \_\_\_\_\_ # of Employees \_\_\_\_\_ Expected Monthly Purchases \_\_\_\_\_  
Name of Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ Date Business Established \_\_\_\_\_  
Accounts Payable Manager \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Ext. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Would you like weekly e-mail specials:     Yes    No  
Website \_\_\_\_\_ Group Affiliation \_\_\_\_\_

## Business History

Sole Proprietorship    Partnership    Corporation    Division\*    Subsidiary\*    Franchise\*

\* Division/Subsidiary/Franch \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Date Business Established \_\_\_\_\_ Federal ID # \_\_\_\_\_

## Principal Owner or Stockholder

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
Social Security # \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Has Business Changed Ownership within the last twelve months?    Yes    No   If yes, when? \_\_\_\_\_

## Trade References (Only use names of Firms you buy from on open account. Must include fax #)

1. Firm \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_  
2. Firm \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_  
3. Firm \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_  
4. Firm \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_  
5. Firm \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_

## Bank Reference

Name of Bank \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account \_\_\_\_\_

Accounts Receivable & Inventory Secured for Loans:  Yes  No

Any other liens, taxes, judgments, or lawsuits pending?  Yes  No

I/we authorize Weathers Auto Supply to investigate the bank/trade references listed for the purpose of obtaining an account. I hereby declare that all statements in this application are true.

### PERSONAL GUARANTEE:

IN THE EVENT OF DEFAULT IN PAYMENT OF THIS ACCOUNT, I PERSONALLY GUARANTEE PAYMENT OF ANY UNPAID BALANCE WITH INTEREST AS SET FORTH ABOVE AND ALL COST OF COLLECTION INCLUDING ATTORNEYS FEES AS SET FORTH ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Signature \_\_\_\_\_

## Charge Card Agreement

I/We authorize Weathers Auto Supply, Inc. to charge My/Our credit card account for items purchased on the account listed above. The information in this agreement is confidential and will not be distributed to any company or individual outside of Weathers Auto Supply.

Name or Business listed on account (please print)

\_\_\_\_\_

Account # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Card Type \_\_\_\_\_ CVV2 Code \_\_\_\_\_\*

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

\*last 3 digits on back of card)

*All information must be complete and form signed before we can accept checks.  
Our Terms & Policies must be signed and on file for your account to be set up.  
The above Charge Card Agreement must be filled out in order to use a credit card.*



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[www.weathers.com](http://www.weathers.com)