



Date \_\_\_\_\_

Account# \_\_\_\_\_



# FLEET SERVICES APPLICATIONS FOR CREDIT

6123 Gravois Ave.  
St. Louis, MO 63116

314-352-8131 Office • Fax 314-352- 1175 Fax • www.advancedautoserv.com

Please Print or Type: Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Phone: (     ) \_\_\_\_\_ Company Fax: (     ) \_\_\_\_\_

Billing address: (If Different From Above) \_\_\_\_\_

Address \_\_\_\_\_

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

Number of Locations \_\_\_\_\_ In Business Since \_\_\_\_\_

Type of Business \_\_\_\_\_

### Business References (Name, Address, Phone Number, and Contact Name)

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

### Corporations

President  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Contact Person  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Treasurer  
Name \_\_\_\_\_  
Address \_\_\_\_\_

### Partnerships & Sole Proprietorships

Owner or Partner  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Owner or Partner  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Owner or Partner  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_

First time customers are required to pay upon delivery of vehicle until credit is approved.

Do you use purchase orders? YES / NO (Circle) Do you pay sales tax? YES / NO (Circle)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**CREDIT CARD ACCOUNT INFORMATION**



Exact name (as it appears on the card) \_\_\_\_\_

Exact Company Name on Card (if any) \_\_\_\_\_

I, \_\_\_\_\_, authorize Advanced Auto Service to charge my credit card

Type  Visa  MasterCard  Discover  American Express  90 day same as cash card

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ for the services provide for:  
\_\_\_\_\_, on \_\_\_\_\_

Authorized Signature of Credit Card Holder \_\_\_\_\_

List of Authorized Users  
\_\_\_\_\_  
\_\_\_\_\_

Instructions: Please **provide** a photocopy of your credit card (both front and back) and your driver's license on a separate **page**. If you wish to charge any or all future bills to this same credit card, please sign and date on the spaces below.

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

**TAX EXEMPTION INFORMATION**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Blanket  Single Description Of Exempt: \_\_\_\_\_

Sale to retailer, Wholesaler or Manufacturer for Resale Only.

Sale of Manufacturing machinery, tools and equipment to be used directly in direct production.

Sale to Not-For-Profit Organizations, claiming exempt purchased pursuant to bulletin #10.

Sale to Government units.

Other \_\_\_\_\_

I hereby certify under penalty of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the STATE GROSS RETAIL SALES TAX ACT.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**COMPANY EXEMPTION CERTIFICATES ARE NOT VALID FOR PERSONAL PURCHASES.**