Business Credit Application

Liberty Truck Parts, Inc 15421 Carmenita Road, Unit L

15421 Carmenita Road, Unit L Santa Fe Springs, Ca 90670 866-654-5827

lame/Address					
ast: First:			Title:		
Name of Business:		•		Tax I	D Number
Address:				_	
City:	State:	Zip:		Phone:	
Company Information					
Type of Business:			I	n Business S	Since:
Legal Form Under Which Corporation Name of Parent Compa	Partnership Pro	oprietorship		E-Mail	
Name of Company Prin	cipal Responsible for Busin	ess Transaction	ons:		/
Address:	City:		State:		Zip:
Shipping Information (if	Different)	Title:			
Ship to Address: Contact Information: Phone Number:	Different)	_ Title: E-Mail:			
Ship to Address: Contact Information:	Different)	RIS	Che	cking Accoun	t Number:
Ship to Address: Contact Information: Phone Number: Bank Reference	Different)	RIS		cking Accoun	at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name: Address:	Different)	RIS			at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name:	Different)		Pho		at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name: Address: Trade References	Different)	E-Mail:	Pho lame:		at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name: Address: Trade References Company Name:	Different)	E-Mail:	Pho lame:		at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name: Address: Trade References Company Name: Contact Name: Address:	Different)	Company N Contact Na Address: Phone:	Pho lame:	ne Number:	at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name: Address: Company Name: Contact Name: Address: Phone: Account Opened Since:	Different)	Company N Contact Na Address: Phone: Account Op	Pho lame: me:	ne Number:	at Number:
Ship to Address: Contact Information: Phone Number: Bank Reference Institution Name: Address: Trade References Company Name: Contact Name: Address:	Different)	Company N Contact Na Address: Phone:	Pho Jame: me: pened Since	ne Number:	at Number:

Print Name

Date

Signature