CAMBRI A AUTOMOTIVE COMPANIES, INC
ACCOUNT APPLICATION

NAME IN FULL TRADE NAME:

- BUSINESS ADDRESS: PHONE#
- CITY STATE/ZIP FAX#

PRESIENT/OWNER NAME: Social Security#

- RESIDENT ADDRESS: Driver License#
- CITY STATE ZIP PHONE#

TYPE OF BUSINESS: INCORPORATED: YES ☐ NO ☐ YEARS IN BUSINESS

NAME OF THE FOLLOWING

- CONTROLLER/OFFICE MANAGER EMAIL ADDRESS
- PURCHASING AGENT ACCOUNTS PAYABLE:

PARTS MANAGER:

BANK

BANK REFERENCES

LOANS

NAME:
ACCOUNT#
ADDRESS
CITY/STATE/ZIP
PHONE# FAX#

NAME:
ACCOUNT#
ADDRESS
CITY/STATE/ZIP
PHONE# FAX#

TRADE REFERENCES

Truck Dealer, Parts Dealer, Fuel Dealer and Other Open Accounts

NAME:
PHONE# FAX#
ADDRESS
CITY/STATE/ZIP

NAME:
PHONE# FAX#
ADDRESS
CITY/STATE/ZIP

NAME:
PHONE# FAX#
ADDRESS
CITY/STATE/ZIP

NAME:
PHONE# FAX#
ADDRESS
CITY/STATE/ZIP

NAME:
PHONE# FAX#
ADDRESS
CITY/STATE/ZIP

NAME:
PHONE# FAX#
ADDRESS
CITY/STATE/ZIP

Number and Make of Vehicles: Years: Owned/Operated by:

SALES TAX EXEMPT? YES ☐ NO ☐ IF YES, PLEASE ATTACH A COMPLETED ST3 OR ST4 WITH APPLICATION.

IN ABSENCE OF SALES TAX YOU WILL BE CHARGED.•

PURCHASE ORDER REQUIRED? YES ☐ NO ☐ OTHER SPECIAL INSTRUCTIONS:

Account statements with balances owing are mailed the first of each month, Invoices for Parts or Service are due NET 30 DAYS FROM INVOICE DATE. Finance charges are assessed on invoices aging past 30 days and credit privileges will cease on delinquent accounts, All Invoices referred for collection are subject to a 25% collection or attorney fee plus costs and interest at an 18% per annum.

SIGNATURE: DATE:

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY E-MAIL ALISA@CAMBRIAS.COM

Credit Manager - Glenda Bebbino

OR MAIL Cambria Companies 116 Talmdge Road Edison, NJ 08817

EDISON
Main# 732-985-6500
Fax# 732.777-9065
Parts Only # 732-985-9555

Elizabeth Dowd Ave.
Main# 908-354-2100
Fax# 908.354.2121
Parts Only# 908.354-3838

CAMBRIA AUTOMOTIVE COMPANIES, INC.

116 TALMADGE ROAD
EDISON, NJ 08817

Date:

To Whom It May Concern:

I hereby authorize Name of Bank: _____to release any information relevant to a Credit Inquiry requested by Cambria Automotive Companies.

Signature of Authorized User_____

Name of Company: _____

Account Number: _____