



Miller Auto Parts & Supply Company Inc.

10151 Fairgrounds Road

PO Box 507

Huntingdon, PA 16652

Phone: (814) 643-4764

Fax: (814) 643-2344

(Please complete in its entirety)

MAP Store: _____

Pricing Level: _____

Date: _____

Salesman's Name _____ # _____

Legal Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

(if different from mailing address)

() _____

Telephone

() _____

Fax

Legal Form of Business: Corporation Partnership Proprietorship Subsidiary

Sales Tax Exemption # _____

Please attach Sales Tax Exemption Certificate

Credit Limit Requesting \$ _____

Tax Exempt YES NO

Accounts Payable Name

Telephone #

Email Address

Do you require purchase orders? YES NO (check one box)

Do you require signature on invoice? YES NO (check one box)

Trade References:

Name: _____

Address: _____

Telephone # _____ Account # _____

Type of Business _____

Name: _____

Address: _____

Telephone # _____ Account # _____

Type of Business _____

Bank Information (Your bank may require written approval before releasing information. Please sign below)

Name: _____

Address: _____

Telephone # _____ Contact Name _____

By signing this application, you agree to the terms. We (Miller Auto Parts & Supply Company Inc.) reserve the right to stop all charges without further notice if the account becomes delinquent. I, the undersigned, being an authorized agent of the named entity, do hereby certify the information on this application to be true to the best of my knowledge. I further understand that if my account becomes delinquent, I will be responsible for any collection costs, court costs, attorney fees, and service fees related to the collection of my account.

Principal of Company

Date