



## Company Credit/Check Acceptance Agreement

**Terms and Conditions of Agreement:** I authorize Fenix Parts, Inc. ("Fenix") to verify the following information by contacting credit reporting agencies, business references, and my banking institution. I accept full responsibility for any checks we issue to Fenix that are not honored by our bank. Within two (2) days notice from Fenix of a dishonored check, I will arrange for a replacement Cashier's Check for the original amount plus Fenix's NSF processing fee and I will be responsible for all collection costs including legal fees. Furthermore, I understand that Fenix may revoke my company check writing privileges at any time.

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

### **I. Company Information**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

How long in business? \_\_\_\_\_ At this address? \_\_\_\_\_ Fax \_\_\_\_\_

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

Federal Tax ID \_\_\_\_\_ Business Type:  Partnership  Sole Owner  Corporation  Non-Profit

### **II. Business Credit References**

1. Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Number of years doing business? \_\_\_\_\_ Contact Person \_\_\_\_\_

2. Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Number of years doing business? \_\_\_\_\_ Contact Person \_\_\_\_\_

### **III. Bank Information**

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Bank Representative \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

### **IV. Owner/Office Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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### **Corporate Use Only**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Limit: \$ \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_