



EXHAUST SOLUTIONS

395 FOUNTAIN AVE. PAINESVILLE, OH 44077
440-639-2000 | 800-321-3674 (TOLL FREE) | 440-639-2010 (FAX)
EMAIL: acctrec@grandrock.com

REVISED 7/15

APPLICATION FOR CREDIT

(APPLICATION WILL NOT BE CONSIDERED IF NOT FILLED OUT COMPLETELY)

PLEASE PRINT CLEARLY

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

COMPANY WEBSITE: _____ EMAIL: _____

PRESIDENT OR OWNER'S NAME: _____ CFO/ACCOUNTANT: _____

VICE PRESIDENT OR CO-OWNER: _____ PARTS MGR/PURCHASER: _____

TYPE OF BUSINESS: _____ YEAR ESTABLISHED: _____ INCORPORATED? Y OR N STATE? _____

FINANCIAL INFORMATION

BANK NAME: _____ ACCT# _____

ADDRESS: _____ CITY/ST/ZIP _____

TAX#'S - PLEASE ATTACHED A SIGN COPY

FED TAX ID# _____ STATE TAX EXEMPT# _____ STATE _____

TRADE REFERENCES (ATTACH A TYPED COPY, IF POSSIBLE)

1. NAME: _____ FAX # _____

COMPLETE ADDRESS: _____

2. NAME: _____ FAX # _____

COMPLETE ADDRESS: _____

3. NAME: _____ FAX # _____

COMPLETE ADDRESS: _____

4. NAME: _____ FAX # _____

COMPLETE ADDRESS: _____

5. NAME: _____ FAX # _____

COMPLETE ADDRESS: _____

THIS FORM ABOVE HAS BEEN CAREFULLY READ BY THE UNDERSIGNED AND TO YOUR KNOWLEDGE, IN ALL RESPECTS COMPLETE

AND TRUTHFUL. I, HEARBY AUTHORIZE GRAND ROCK TO CONTACT THE ABOVE REFERENCES. BY SIGNING BELOW, I AGREE TO ABIDE BY THE

TERMS AND CONDITIONS OF SALES AND TO THE PAYMENT OF INVOICES WITHIN THE TERMS AGREED UPON. APPLICATION **MUST** BE SIGNED BY THE OWNER OR OFFICER

OWNER OR OFFICER: _____ | _____ DATE _____

SIGNATURE

PRINT NAME

SALES REP - PLEASE FILL OUT

NAME: _____ REP # _____ BUYING GROUP _____ PRICING _____



*Huge selection of OEM parts
Highest Quality Chrome
Complete Exhaust Solutions*



IMPORTANT INFORMATION NEEDED TO FINISH SETTING UP YOUR "NEW" ACCOUNT

I have included in this email/fax a W-9 form and a Sales Exempt Form, please fill out and return, along with the following information.

We at Grand Rock are in the process of setting up a system where all invoices, statements and other documents will be sent electronically.

Please fill out the following information and return ASAP.

PLEASE PRINT CLEARLY

Name of company: _____

Mailing Address: _____

Business Phone: _____

**Fax #: _____

Parts Department contact: _____ Email address: _____

Accounts Payable contact: _____ *Email address: _____

Member of a Buying Group Y____ N____ Name of Buying Group _____

*This should be the email address where invoices and statements will be sent
If you do not have email, the **fax # you have given will be the default

Thank you in advance for your assistance. If you have any questions, please don't hesitate to call me at 1-800-321-3674.

Tina Foster
Accounting Department
GRAND ROCK CO., INC.