

# CrossRoads Automotive Group

P.O. Box 2069  
Wake Forest, NC 27588

## Parts/Service Application

Mail or Fax Application to:      Accounts Receivable  
   P.O. Box 2069  
   Wake Forest, NC 27588  
   Fax: 919-488-8575  
   Email: AR@crossroadscars.com  
   Phone: 919-488-8600

Name of Business \_\_\_\_\_

Physical Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Tax Id # (if tax exempt) \_\_\_\_\_ Business Founded \_\_\_\_\_ Nature of Business \_\_\_\_\_

Accounts payable contact \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Trade or Credit Reference (local references within North Carolina preferred)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Is purchase order required? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes) who is authorized to sign? \_\_\_\_\_

I/We herby authorize all the above named persons or companies to release CrossRoads Ford Inc., CrossRoads Ford of Wake Forest Inc., CrossRoads Nissan of Wake Forest, CrossRoads Nissan of Sanford, CrossRoads Ford of Kernersville Inc., CrossRoads Ford Lincoln of Sanford, CrossRoads Infiniti Inc., CrossRoads Ford Lincoln of Morganton, CrossRoads Ford of Indian Trail Inc., CrossRoads Infiniti South Inc, CrossRoads Ford Lincoln of Southern Pines Inc., Crossroads Ford Lincoln of Shelby, Inc., Crossroads Ford of Fuquay Varina Inc, and CrossRoads Nissan of Hickory Inc. such information with regard to my/our financial conditions as may reasonably have a bearing on this application.

I/We understand that account statements will be mailed on the 25<sup>th</sup> of each month and that payment in full is due by the 10<sup>th</sup> of the following month. Past due amounts will be subject to a finance charge of one and a half percent (1.5%) monthly (18% annual interest rate) to be computed on the previous month's balance after payments and credits are deducted.

I/We understand that all credit may be terminated without notice.

I/We understand that if the account is not used within nine months I/We must reapply.

It if becomes necessary to collect any indebttness, through an attorney or otherwise, I/We agree to pay all cost of collection.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

CFC