

N

Battery Mart of Winchester, Inc.  
1 Battery Drive  
Winchester, VA 22601  
BatteryMart.com

PH (800)405-2121  
(540)665-0065  
Sales: ext. **401**  
Credit, A/R: ext. **102** or [shannon@batterymart.com](mailto:shannon@batterymart.com)

FX (540)665-9623

Name of Applicant \_\_\_\_\_

How did you hear about BatteryMart.com? (i.e.: Search Engine, Referral, Returning Customer)

\_\_\_\_\_

Web Address (if applicable): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PH# \_\_\_\_\_

PO# Required? \_\_\_Y \_\_\_N

FAX \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Direct Phone Number or Extension: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*If your company status is other than taxable, please include a tax exemption form with your application.**

If a partnership, list partners:

Name \_\_\_\_\_

SSN# \_\_\_\_\_

\_\_\_\_\_

SSN# \_\_\_\_\_

Name \_\_\_\_\_

Banks with whom you have accounts:

Bank Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name \_\_\_\_\_

PH# \_\_\_\_\_

PH# \_\_\_\_\_

Acct# \_\_\_\_\_

Acct# \_\_\_\_\_

**Trade References:**

(**Must** provide at least four references along with a phone number and a fax number. Please verify that the reference you are using provides credit information.)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Battery Mart's payment terms are Net 30 Days.** All accounts are cash sales until a credit application has been completed, reviewed, and approved. Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with specified terms. The undersigned understands that a service charge of 1.5% is charged each month for past due balances unpaid. In the event of default, the undersigned agrees to pay a reasonable attorney's fee and other costs incurred in collection.

The undersigned:

- 1) certifies that all information provided is true and correct
- 2) agrees to abide by the terms of sale specified above

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

If you have any questions regarding your account, please call Accounts Receivable at extension **102**. All sales and product questions should be directed to the sales office at extension **401**.