

SONIC TRACTOR PARTS, INC.
ACCOUNT VERIFICATION FORM
CREDIT APPLICATION (OPTIONAL)
(SONIC HYDRAULICS®)



INSTRUCTIONS FOR REQUESTING A SONIC ACCOUNT

Thank you for your interest in purchasing from Sonic Tractor Parts, Inc!
To request a catalog or open an account, please complete the following:

If you are requesting a credit account (Net 30 Days):

1. Complete and sign the attached Application for Credit. Make sure all information including references are included.
2. Prepare a copy of your State Resale Tax License and business card.
3. Submit all three documents to Sonic Tractor Parts via mail, fax or email:

Mail: Sonic Tractor Parts, Inc.
1780 NW 93rd Avenue
Miami, FL 33172
Attn: Accounts

Fax: (305)-594-7798

Email: sales@stpusa.net

If you are requesting a COD or prepayment account only:

1. Complete and sign the attached Application for Credit. You only have to complete Section A.
2. Prepare a copy of your State Resale Tax License and business card.
3. Submit all three documents to Sonic Tractor Parts, Inc. via mail, fax or email:
4. Upon receiving your application, we will perform a credit check and verify your Resale License. Applications are usually processed within 24-72 hours of receipt. You will be notified of the status of your application via email, fax or standard mail. If approved, you will also receive an approval letter indicating your credit line and account information.
5. If you need assistance in completing this application, please contact us at 1-800-695-3948. One of our employees will be happy to assist you.

For online account access, please remember to provide your email address on your application.

Sonic Tractor Parts, Inc.

Please fax back to:(305)-594-7798



1-800-695-3948

Tel: (305) 594-0777

Fax: (305) 594-7798

ACCOUNT APPLICATION

SECTION A

Company Name: _____ Phone No.: _____ Fax No.: _____

Contact Person: _____

Email (req. for online account access): _____ Website: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Delivery Address: _____ City: _____ State: _____ Zip: _____

Invoice To Be Paid By (Company Name): _____ State Resale Tax No.: _____

Lines Handled: AC _____ Case _____ FD _____
IH _____ JD _____ MF _____ Other _____
Lawn & Garden Lines: _____
Industrial Lines: _____

Years In Business _____ Referred By: _____

SECTION B (For Credit Line Requests)

Please provide reference information as follows: list names, complete addresses, phone number, and fax numbers of 4 references from whom you have purchased within the last six months.

1. Company Name: Address: Phone/Fax No.:	Bank Reference: 1. Bank Name: Address: Contact: Phone/Fax No.
2. Company Name: Address: Phone/Fax No.:	2. Bank Name: Address: Contact: Phone/Fax No.
3. Company Name: Address: Phone/Fax No.	3. Bank Name: Address: Contact: Phone/Fax No.
4. Company Name: Address: Phone/Fax No.:	4. Bank Name: Address: Contact: Phone/Fax No.

Payment Terms: Please pay from the invoice which will arrive shortly after the shipment. Do not pay from the packing slip. Payment is due within 30 days from the invoice date or upon arrival if you are on COD.

Arrearages: An amount is considered past due when it has not been paid within 30 days of the invoice date

Interest: Interest at the rate of 1.5% per month (18% per year) will be assessed on the unpaid past due balance.

C.O.D.: When any portion of a credit account reaches the point of being 30 days past due, future shipments will be C.O.D. until the account becomes current. The second time an account is placed on C.O.D. it will remain as a permanent C.O.D. account.

Collection: An account with a balance 60 days past due will be placed with a collection agency for future disposition. At this time, future shipments can be made only on a C.O.D. basis.

I HEREBY REQUEST THAT SONIC TRACTOR PARTS, INC. OPEN A CHARGE ACCOUNT IN OUR COMPANY NAME. I MAKE THIS REQUEST WITH FULL UNDERSTANDING OF, AND AGREEMENT WITH THE TERMS AND STIPULATIONS STATED ABOVE. I ALSO AUTHORIZE THEM TO USE THE INFORMATION PROVIDED ON THIS APPLICATION TO COLLECT THE INFORMATION NEEDED TO EVALUATED THIS REQUEST.

Auth Signature: _____ Printed Name: _____ Date: _____