



**AUTOPART**  
INTERNATIONAL®  
PREMIUM PARTS-EXPERT SERVICE  
Since 1957

**GLOBAL SALES DIVISION International Customer Application**

**Customer Information**

**Must be completed to Process Application**

Company Name:(Sold To:)		Number of years in Business:	
Address:		Statement address same as Customer: (Y or N)	
		Customer Written PO required? <b>YES</b>	
City/Province:		Can order be crated (B1 Print Msg? (Y or N)	
Country:	Postal Code:		
Federal ID #:	State or PST/GSD#		
Owner's Name:			
Buyer's Name:		Fax #	
Telephone #:			
Email Address:			
<b>Company Name: (Ship to:)</b>			
Address:			
City/Province:			
Country:	Postal Code:		
Telephone #			
Email Address:			
<b>Bank Reference</b>	Routing Number:	Account Number:	
Name of Bank:			
Address:			

City/Province:		State/Country:		Postal Code:	
Telephone #		Email Address:		Fax #	

**Business Trade References: (Must provide 3 References)**

Name:		Trade Account #		<b>FOR INTERNAL USE ONLY</b>	
Address:				<b>Address Book Info</b>	
City		State/Country:		Postal Code:	
Telephone:		Fax#		Salesman Number	
Name:		Trade Account #		Outside Rep (Cat C9)	N/A
Address:					
City:		State/Country:		Postal Code:	
Telephone:		Fax#		<b>Customer Master Info</b>	
Name:		Trade Account #		Carrier # (B2):	
Address:				M/L Code (B2):	
City:		State/Country:		Postal Code:	
Telephone:		Fax#		M/L Code # 2:	999999-
				Adj Schedule:	Customer
				Customer Group (B1):	Level 5
Authorized Signature		Title:		Comm. Code #1 (B2):	
				<b>To be completed by ILCC Dept.</b>	
Printed Name				Customer Type:	
<b>Finance charge</b> is computed by a single periodic rate of <b>1 1/2%</b> per month over 30 days which is an <b>annual percentage</b> rate of <b>18%</b> (minimum charge of 50 cents). If said percent is greater than the lawful maximum, then the lawful maximum rate shall prevail.				Freight Handling Code:	

**If Applicable**

**Customs Broker Information:**

Name of Customs Broker:					
Address:					
City/Province:				State:	
Country:		Postal Code:			

Contact Name:			
Email Address:			
Telephone:		Fax#	
Contact Name:			
Email Address:			
Telephone:		Fax#	
<b>ILCC MANAGEMENT APPROVAL</b>	<b>Signature &amp; Date</b>		

**Customer Name: (Sold to)**

**FOREIGN EXPORT QUESTIONNAIRE**

The information provided on the form is to help Autopart International learn more about your business and what service you are looking for.

- 1.) What type of business or company do you have? (example: auto part store, repair shop etc.)
- 2.) Is this a Trading Company/ Reseller or Other? (if other, please explain)
- 3.) How long have you been in business?
- 4.) What is your expected \$ purchases per year?
- 5.) What is the ultimate destination country for your shipments?
- 6.) Who is the end user or type of customer of the products you import?
- 7.) What Type of auto parts are you interesting in purchasing from Autopart International? (please list all)
- 8.) Have you imported products from the U.S. before?
- 9A.) Are you required to have an import license or be registered to import?
- 9B.) Do you have a current license and/or registration? (if applicable)
- 10.) Are you aware of any restrictions on importing auto parts? If yes please explain
- 11.) What documents will you need to import auto parts?
- 12.) Are you aware of any documents that will require authorization in advance from your consulate, government or embassy?
- 13.) Are there any special local regulations or restrictions (ex. carton markings, product labeling special language requirements that we need to know a
- 14.) Please provide any additional information that you feel is important for exporting to your company.
- 15.) Who is the USPPI (U.S. Principle Party in Interest)? (please provide the name and address of the exporter for these orders)