PREMIUM PARTS~EXPERT SERV 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 Cu

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Address:

Address:			Statement address same		
			Customer Written PO req	juired?	YES
City/Province:			Can order be crated (B1	Print Msg? (Y or N)	
Country:	Postal Code:				l
Federal ID #:	1	1	State or PST/GSD#		
Owner's Name:					
Buyer's Name:			Fax #		
Telephone #:					
Email Address:					

Telephone #: Email Address: Company Name: (Ship to:) Address: City/Province: Country: Postal Code: Telephone # Email Address: Bank Reference Routing Number: Account Number: Name of Bank:

City/Province:			State/Country:			Postal Code:			
Telephone #			Email Address:			Fax #			
						,	<u> </u>		
Business Trade References: (Mu	st provide 3 Referer	ices)							
Name:				Trade Account #	FOR INTERNAL US	NAL USE ONLY			
Address:				_		Address Book Info			
City		State/Country:		Postal Code:		Salesman Number			
Telephone:			Fax#			Outside Rep (Cat C9)		N/A	
Name:			-	Trade Account #					
Address:									
City:		State/Country:		Postal Code:					
Telephone:	ı		Fax#			Customer Master Info			
Name:				Trade Account #		Carrier # (B2):			
Address:						M/L Code (B2):			
City:		State/Country:		Postal Code:		M/L Code # 2:	999999-		
Telephone:	I		Fax#			Adj Schedule:	Customer	1	
	<u>I</u>		1			Customer Group (B1):	1	Level 5	
Authorized Signature			Title:			Comm. Code #1 (B2):			
	<u>I</u>		1			To be completed by IL	CC Dept.		
Printed Name						Customer Type:			
Finance charge is computed by a single periodic rate of 1 1/2% per month over 30 days which is an annual percentage rate of 18% (minimum free of 50 cents). If said percent is greater than the lawful maximum, then the lawful maximum rate shall prevail.									
charge of 50 cents). If said percent is greater than the	ne lawful maximum,then the la	wful maximum rate shal	l prevail.						
If Applicable									
Customs Broker Information:									
Name of Customs Broker:									
Address:									
	1								
City/Province:				State:					
Country:		Postal Code:	1		1				
								,	

Contact Name:				
Email Address:				
Telephone:		Fax#		
Contact Name:				
Email Address:				
Telephone:		Fax#		
ILCC MANAGEMENT APPROVAL	Signature & Date			

## 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)