



WHOLESALE CUSTOMER ACCOUNT APPLICATION

Everlast Auto Parts USA LLC | 20 Southwoods Pkwy Ste 100, Atlanta, GA 30354
Phone: (470) 799-5929 | www.everlastpartsusa.com | teverl@everlastparts.com

1. COMPANY INFORMATION

Legal Company Name

DBA / Trade Name (if applicable)

Federal Tax ID / EIN

Seller's Permit / Resale Certificate No. Years in Business

Billing Address

City / State / ZIP

Website

Shipping Address (if different)

City / State / ZIP

Number of Locations

2. BUSINESS TYPE

☐ Distributor

☐ Wholesaler

☐ Retailer

☐ Repair Shop

If Other, Please Specify

☐ Fleet

☐ Dealers

☐ Truck Parts Store

3. CONTACT INFORMATION

Contact Type	Name / Title	Email	Phone
Primary Contact			
Purchasing / Buyer			
Accounts Payable			

APPLICATION DOCUMENTS REQUIRED

Please submit this completed application together with a current W-9 Form and a valid Seller's Permit / Resale Certificate. Incomplete applications may delay account approval.



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4. PURCHASING PROFILE

Where do you currently purchase heavy-duty truck / auto parts?

Primary Suppliers / Brands Currently Purchased

Average Monthly Purchase Amount (\$)

Estimated Annual Purchase Amount (\$)

Average Number of Orders Per Month

Requested Credit Limit (\$)

Primary Sales Territory / Market

How Did You Hear About Everlast?

5. PRODUCTS OF INTEREST

- | | | |
|--|---|--|
| ☐ Radiators | ☐ Condensers | ☐ Charge Air Coolers |
| ☐ A/C Compressors | ☐ Water Pumps | ☐ Oil Coolers |
| ☐ EGR Coolers | ☐ DEF Level Sensors | ☐ Brake Drums |
| ☐ Brake Rotors | ☐ Forged Aluminum Wheels | ☐ Wheel Seals / Oil Seals |
| ☐ Other Cooling Parts | ☐ Other Truck Parts | |

Specific Products / Part Numbers of Interest

6. PAYMENT TERMS & BILLING PREFERENCES

Requested Payment Terms

- | | | | |
|----------------------------------|---------------------------------|-------------------------------------|---|
| ☐ Prepaid | ☐ Check | ☐ ACH / Wire | ☐ COD |
| ☐ Net 15 | ☐ Net 30 | ☐ Net 45 | ☐ 15th of Next Month |

Other Requested Terms

Accounts Payable Email

PAYMENT TERMS NOTICE

Requested payment terms and credit limits are **subject to Everlast Auto Parts USA LLC approval.**



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7. TRADE REFERENCES

Reference	Company Name	Contact / Email	Phone
1			
2			
3			

8. SHIPPING / RECEIVING INFORMATION

Receiving Hours

Special Delivery / Receiving Requirements

9. REQUIRED DOCUMENTS

☐ Completed Account Application

☐ Current W-9 Form

☐ Valid Seller's Permit / Resale Certificate

☐ Business License (if requested)

10. APPLICANT CERTIFICATION & AGREEMENT

I certify that the information provided in this application is true, complete, and current. I authorize Everlast Auto Parts USA LLC to review the information provided for the purpose of establishing a wholesale customer account and, where credit terms are requested, to verify trade and credit references. I understand that approval of an account, payment terms, and credit limits is at Everlast Auto Parts USA LLC's discretion. Prices, freight charges, returns, warranty claims, and account status are subject to Everlast's applicable policies and terms. I agree to notify Everlast of material changes to the information provided in this application.

Authorized Representative - Print Name

Title / Position

IMPORTANT

By signing above, the applicant confirms that the information and documents provided are accurate and acknowledges that requested payment terms are not guaranteed until formally approved by Everlast Auto Parts USA LLC.



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FOR EVERLAST AUTO PARTS USA LLC USE ONLY

Customer / Account Number

Sales Representative

Approved Payment Terms

Approved Credit Limit (\$)

Approved By

Approval Date

DOCUMENT VERIFICATION

☐ W-9 Received

☐ Seller's Permit / Resale Certificate Received

☐ Trade References Checked

☐ Credit Review Completed

☐ Account Approved

☐ Tax-Exempt Status Verified

INTERNAL NOTES

ACCOUNT SETUP REMINDER

Confirm the approved payment terms, credit limit, tax status, sales representative, shipping preferences, and billing contact in the company system before activating the account.