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BENZEEN AUTO PARTS CREDIT APPLICATION FORM – C

Please save a copy of this form to your private computer for your records before sending.

Fill-out and sign this document electronically with Adobe Acrobat. Download for free here: <https://get.adobe.com/reader/>

FOR BUSINESSES WITH MULTIPLE LOCATIONS REQUIRED: PLEASE ATTACH COPY OF CURRENT DRIVER LICENSE

Business#: Business Name: Federal Tax ID:

If DBA (Doing Business As) Please List:

Phone#: Fax#: E-Mail:

Billing Address:

Shipping Address:

City: State: Zip Code:

If is the **main location/office** please check this box:

Check the following if you would like this location to receive these documents: Statements Invoices

Business#: Business Name: Federal Tax ID:

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Billing Address:

Shipping Address:

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Shipping Address:

City: State: Zip Code:

If this address is the **main location/office** please check this box:

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FOR MORE BUSINESS LOCATIONS, PLEASE DUPLICATE THIS FORM AND ATTACH.