



PARTS SALES

Your Make. Your Model. Your Part.™

Stoughton Parts Sales, LLC
1112 Veterans Road
Stoughton, WI 53589
Phone: 800-227-5391
Fax: 608-873-2870

Customer & Credit Application – Parts Sales

Full Legal Business Name _____ Federal Tax Identification No. _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____
(Complete only if applicable)

Company Website: _____

Parts Manager Name: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Accounts Payable Contact Name/Phone/Email: _____

Do you prefer to be invoiced via email or postal service? _____

Year Company Established: _____

Ownership:			
Name of Business Principals	Title	Ownership %	Social Security #

Business Structure (please check one box):

- C-Corporation
- S-Corporation
- Limited Liability Company (LLC)

- Sole Proprietorship
- Limited Partnership
- General Partnership

Services Currently Provided (check all applicable boxes):

- Trailer Parts Sales
- Trailer Repair Services
- Truck Parts Sales
- Other: _____

- Truck Repair Services
- Trailer Sales
- Truck Sales

Other Trailer Parts Lines Carried:

Credit Amount Requested (estimated monthly purchases at Main Location): _____

Branch Locations

Branch #1:

Parts Manager Name _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____
(Complete only if applicable)

Phone Number: _____ Fax Number: _____

E-mail address: _____

Is this a separate billing address (multiple billing addresses may affect volume discounts)?: Yes No

Credit Request (estimated monthly purchases at Branch #1): _____

Branch #2:

Parts Manager Name _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____
(Complete only if applicable)

Phone Number: _____ Fax Number: _____

E-mail address: _____

Is this a separate billing address (multiple billing addresses may affect volume discounts)?: Yes No

Credit Request (estimated monthly purchases at Branch #2): _____

Branch #3:

Parts Manager Name _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____
(Complete only if applicable)

Phone Number: _____ Fax Number: _____

E-mail address: _____

Is this a separate billing address (multiple billing addresses may affect volume discounts)?: Yes No

Credit Request (estimated monthly purchases at Branch #3): _____

Services Currently Provided at Primary Facility (check all applicable boxes):

- Trailer Sales
- Trailer Parts Sales
- Trailer Repair Services
- Trailer Leasing/Rentals
- Other: _____

- Truck Sales
- Truck Parts Sales
- Truck Repair Services
- Financing Services

How did you hear about Stoughton Trailer Parts? Salesperson Article Phone Sales
 Word of Mouth

Do you have a service facility? Yes No

If yes, how many trailer bays do you have? _____ Age of the facility: _____

Do you stock parts for products for resale? Yes No

If yes, what is the approximate inventory value of parts do you _____

stock? Do you have a parts display area? Yes No

How much storage space do you have for parts (in sq.ft)? _____

Do you have a trailer height loading dock? Yes No

Do you have a forklift Yes/No? If Yes, What is the Capacity? _____

Any load restrictions or off-loading requirements? _____

What are your receiving hours? _____

Receiving Contact Name: _____ Phone/Email: _____

What is your current outside parts sales dollars? _____

Do you have an outside sales effort? Yes No

If yes, how many sales people do you employ? _____

In addition to the Parts Sales Manager, who else needs Website Portal access?

Name/Email: _____

Name/Email: _____

Name/Email: _____

Has the firm or any of its principals ever filed for bankruptcy? Yes No
If yes, please explain:

Year	Annual Parts Sales	Primary Brand of Trailer Parts Sold	%
2014			
2015			
2016			

Projected Sales			
Year	Annual Parts Sales	Primary Brand of Trailer Parts	%
2017			
2018			
2019			

Credit References:			
Company Name and Address	Contact	Phone #	Account Number (if applicable)

AUTHORIZATION TO RELEASE CREDIT INFORMATION

The undersigned hereby authorizes Stoughton Parts Sales, LLC to make inquiry into, to request, and to receive any information concerning my general reputation, and all information from creditors which Stoughton Parts Sales, LLC deems relevant for the potential granting of a line of credit. This authorization shall be effective from the date upon which this agreement is signed and is extinguished by written notice.

By

Title

Date

Attach year-end financial statements for the past two years and current interim financial statement. Year-end financial statements should include balance sheet, profit and loss statement, statement of cash flows and related accountant notes. If available, please provide financial projections for the forthcoming fiscal year.