



## VIP COD

GENERAL INFORMATION	
Company Name: _____	Date: _____
Bill to Address: _____	Address, City, State, Zip County
Ship to Address: _____	Address, City, State, Zip County
Type of Business: _____	Year Established: _____
	Tax Exempt: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Attach Sales Tax Exemption Certificate)
CONTACT INFORMATION	
Accounting Contact: _____	Accounting Phone: _____
Accounting Email: _____	
Purchasing Contact: _____	Purchasing Phone: _____
Purchasing Email: _____	

Return both pages of the completed credit application to [AR@partssouth.com](mailto:AR@partssouth.com) or fax 470-480-7955.