



(877) 247-1717 or (916) 638-5555  
✉ [info@BenzeenAutoParts.com](mailto:info@BenzeenAutoParts.com) Fax: (916) 638-4040  
📍 3811 Recycle Road, Rancho Cordova, CA 95742  
🕒 Mon-Fri: 8am-5pm, Sat-Sun: Closed  
🌐 [www.BenzeenAutoParts.com](http://www.BenzeenAutoParts.com)

## BENZEEN AUTO PARTS CREDIT APPLICATION FORM – C

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### 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:

If DBA (Doing Business As) Please List:

Phone#:  Fax#:  E-Mail:

Billing Address:

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.**