



**SCHLOSSMANN
AUTO GROUP**



On behalf of the entire Schlossmann Automotive Group, we'd like to thank you for applying for credit and allowing us the opportunity to serve your parts and service needs. At Schlossmann we pride ourselves on offering our customers responsive, competent and excellent service. Our customers are the most important part of our business, and we strive to ensure your complete satisfaction.

To avoid delay in processing your application please do the following:

- **Fill out the form completely including the fax or email address of your references**
 - *Please do not use NAPA, LKQ, US AUTO FORCE, and NORTH CENTRAL DISTRIBUTORS as they will not provide references*
- Upload your completed forms using the secure upload link in the Wholesale Parts Form section of our website.
Honda City Website:
<https://www.hondacity.net/wholesale-honda-parts-and-accessories>
Subaru City Website:
<https://www.milwaukeeesubarucity.com/wholesale-subaru-parts-and-accessories>
 - *The security of your sensitive information is important to us at Schlossmann Automotive Group so please do not email us your completed forms.*
- Include the WI State Sales & Use Tax Exemption Certificate. For Illinois based companies we would need the CRT-61 Illinois Certificate filled out.
 - *These forms are available in the Wholesale Parts Form section of our website.*

Each of our stores have their own Account Receivable Departments. Use the below contacts if you have any questions or if you would like to make payments by credit card.

- Schlossmann Imports (Honda City) your AR contact is Dominique Kitchenakow, ph. 414-328-3500 X 3119 or email hondacityar@schlossmannauto.com
- Subaru City of Milwaukee, Inc (Subaru City) your AR contact is Kathy Gierlich, ph. 414-281- 9100 X 2313 or email subarucityar@schlossmannauto.com
- If you should have any further questions regarding your application, you may contact me at 414-316-4261 or email 2jerrim@schlossmannauto.com.

Sincerely,

Jerri Lynn Nettlesheim

Schlossmann Auto Group
Office Manager



**SCHLOSSMANN
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BUSINESS CONTACT INFORMATION

Principal(s) Name:		Company Name:	
Company Address:			
Phone:	Fax:	E-mail:	
City:	State:	ZIP Code:	
Contact Person:		Date business commenced:	
Do you require a PO#	Credit Limit Request:	\$ _____	

BUSINESS AND CREDIT INFORMATION

Principal(s) Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	State:	ZIP Code:
PRINCIPAL'S SOCIAL SECURITY NUMBER	_____ - _____ - _____	
STATE TAX EXEMPTION NUMBER		
FEDERAL ID (W-9) NUMBER		

WISCONSIN BUSINESSES
WI SALES & USE TAX EXEMPTION CERTIFICATE (S-211 FORM) IS REQUIRED TO BE ON FILE

BUSINESS/TRADE REFERENCES *TO AVOID DELAY FILL OUT COMPLETELY*

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:

BY SIGNING I AGREE TO THE TERMS LISTED BELOW

1. I UNDERSTAND ACCOUNTS ARE DUE AND PAYABLE BY THE 10TH OF THE MONTH
2. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE SCHLOSSMANN'S AUTOMOTIVE GROUP, INC. TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED AND/OR CREDIT HISTORY OF THE PRINCIPAL(S) AND BUSINESS.

Signature(s)

Print Name(s)

Date