



**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 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](http://www.hondacity.net/wholesale-honda-parts-and-accessories)  
[Subaru City Website](http://www.milwaukeesubarucity.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 and 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](mailto: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](mailto:subarucityar@schlossmannauto.com)
- If you have any further questions regarding your application, you may contact me at 414-316-4261 or email [jerrilynnn@schlossmannauto.com](mailto:jerrilynnn@schlossmannauto.com)

Sincerely,

*Jerrilynn Nettlesheim*

Schlossmann Auto Group  
Office Manager

**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:
Email: <span style="color: red;">(Required)</span>		Phone:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Email: <span style="color: red;">(Required)</span>		Phone:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Email: <span style="color: red;">(Required)</span>		Phone:	

**BY SIGNING I AGREE TO THE TERMS LISTED BELOW**

1. I UNDERSTAND ACCOUNTS ARE DUE AND PAYABLE BY THE 10<sup>TH</sup> 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