

# CREDIT APPLICATION



Fleet Management Program

## CREDIT APPLICATION — COMMERCIAL CUSTOMER (Please Print)

Legal Business Name				
D/B/A Name			Date Business Started (M/Y)	
Street Address for Billing		City	State	ZIP +4
Contact Person Regarding Payment (name)		Title	Telephone No. ( )	Fax No. ( )
Street Address for "Ship to" (if different than billing address)		City	State	ZIP +4
Company Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Other			Business Property Is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Business' Local Manager or Representative (name)			Telephone No. ( )	
<b>Corporate Officers or Partner Names and Home Addresses:</b>				
Name	Street Address/City/State/ZIP		Telephone No. ( )	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent
Name	Street Address/City/State/ZIP		Telephone No. ( )	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent
<b>Proprietorship's Name and Home Address:</b>				
Name	Street Address/City/State/ZIP		Telephone No. ( )	Home <input type="checkbox"/> Own <input type="checkbox"/> Rent
<b>Proprietorship Owner's Nearest Relative Not at Above Address:</b>				
Name	Street Address/City/State/ZIP		Telephone No. ( )	
Do you have any other existing accounts with our NAPA AutoCare Center?			Account No.	
Credit References Past and Present:				
Business Name	Street Address/City/State/ZIP		Telephone No. ( )	
Business Name	Street Address/City/State/ZIP		Telephone No. ( )	
Business Name	Street Address/City/State/ZIP		Telephone No. ( )	
Bank Reference (bank name)	Branch	Type of Account	Account No.	Loan Officer
Projected Monthly Service/Repair Purchase Volume \$		Will you use a purchase order system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax Status for Purchases from Our NAPA AutoCare Center <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt    Exemption No. _____    If exempt, please complete exemption form.				
As an owner or principal officer of the business application (the "Company") and/or as an officer authorized to sign credit instruments for the Company name in this application, I authorize (insert NAPA AutoCare Center business name) to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history reports, credit and employment history, or similar information, under the names and social security numbers of any and all owners and/or officers I provide. The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit (insert NAPA AutoCare Center business name) to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and (insert NAPA AutoCare Center business name) that all purchases made on open account will be PAID IN FULL on or before the 20th day of the month following the date of the purchase. No unpaid account will be increased after the 20th day, unless by special agreement. Further, any account that has an unpaid balance at the end of the month in which payment was due will be assessed a finance charge on the unpaid portion at the highest rate allowable by applicable laws until such time as the account has been brought current. In the event (insert NAPA AutoCare Center business name) employs an attorney or collection agency to collect any amount due from applicant, applicant shall be responsible for all cost of collections including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.				
Authorized Signature _____ Social Security Number _____ Date _____				
Company _____ Title _____				
<b>INDIVIDUAL PERSONAL GUARANTEE</b>				
I, _____ (print), residing at _____ for and in consideration of your extending credit at my request to _____ (the Company) of which I am (Title) _____, and as material inducement therefore, hereby absolutely and unconditionally guarantee to (insert NAPA AutoCare Center business name) the due and punctual payment on demand of all debts and liabilities owed to (insert NAPA AutoCare Center business name) by the Company. This guaranty shall remain an unconditional and continuing guaranty of payment, and not of collection. I acknowledge that my liability is primary rather than secondary. I do hereby waive of presentment, demand, protest, dishonor, default and/or nonpayment of such debts and notice of any modification or further extension of credit to the Company, to which I hereby contest. I further agree that no failure or delay on the part of (insert NAPA AutoCare Center business name) in exercising of its rights hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such right preclude any other or further exercise of any rights that (insert NAPA AutoCare Center business name) may give under this guaranty, and that my obligations hereunder shall not be subject to any rights of setoff, recoupment, deduction or counterclaim. In the event my obligations herein are collected by or through a third party, then (insert NAPA AutoCare Center business name) shall be entitled to recover all costs of collection including attorney's fees.				
Signature _____ Social Security Number _____				
Please Print Full Name _____ Date _____				
<b>Office Use</b>				
Business Category Code	Finance Charge <input type="checkbox"/> Yes <input type="checkbox"/> No		Billing Type <input type="checkbox"/> Charge <input type="checkbox"/> Charge & Cash <input type="checkbox"/> Cash	
Salesman # (if applicable)	Local Manager Approval		<b>Version 6/08</b>	



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