



APPLICATION FOR CREDIT

| 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: _____ |
| Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/> | Federal Employer ID: _____ |
| Operating under The Laws of the State of: _____ | _____ |
| Amount of credit requested: \$ _____ | Tax Exempt: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If Yes, Attach Sales Tax Exemption Certificate)</small> |
| CONTACT INFORMATION | |
| Accounting Contact: _____ | Accounting Phone: _____ |
| Accounting Email: _____ | _____ |
| Purchasing Contact: _____ | Purchasing Phone: _____ |
| Purchasing Email: _____ | _____ |
| BANK INFORMATION | |
| Name: _____ | Account Number: _____ |
| Address: _____ | _____ |
| City, State, Zip: _____ | _____ |
| Contact Name: _____ | Phone Number: _____ |
| TRADE REFERENCES | |
| Company Name: _____ | Contact Name: _____ |
| Account Number: _____ | Phone: _____ |
| _____ | Email: _____ |
| Company Name: _____ | Contact Name: _____ |
| Account Number: _____ | Phone: _____ |
| _____ | Email: _____ |
| Company Name: _____ | Contact Name: _____ |
| Account Number: _____ | Phone: _____ |
| _____ | Email: _____ |
| Company Name: _____ | Contact Name: _____ |
| Account Number: _____ | Phone: _____ |
| _____ | Email: _____ |

Return both pages of the completed credit application to AR@partssouth.com or fax 470-480-7955.



APPLICATION FOR CREDIT

I/We Hereby authorize the bank and trade references named in the application for credit to furnish information necessary to establish credit.

Signature _____ Title _____ Date _____

I _____, hereby personally guarantee to you the payment of any obligation (Individual's Name) of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty, and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. The Officer(s) of the Company must sign below as individuals – signatures only, no corporate titles.

Signature _____ Print Individual's Name _____

Date _____