



CREDIT APPLICATION FORM

Partsmart Corporation

3500 Corporate Way, Ste A, Duluth, GA 30096

Phone: 770-263-1277, Fax: 770-263-1278

Email: sales@partsmart-corp.com, Web: www.partsmart-corp.com

1. COMPANY PROFILE		
a. Business Name	b. Credit Line Requested \$ _____	c. Term Requested
d. Type of Business	e. Date Established	f. No. Years in Business
g. No. of Employees	h. Est. Annual Sales	i. Sale Territory
j. Business Address City State Zip Years in this Address Former Business Address (if applicable)		k. Account Payable Contact Tel: Fax: Email:
l. Shipping Address City State Zip		m. Receiving Contact Tel: Email:
n. D/B/A	o. Federal Tax ID	p. State Tax ID
q. Does State, County, or City require a License? Yes___ No___ License # _____		
r. Mortgage holder/Landlord _____ Address _____ Phone # _____		

2. COMPANY OWNERSHIP			
a. Organization(check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
b. Principles	Name	Title	SSN
PRINCIPLE			
PRINCIPLE			
PRINCIPLE			
PRINCIPLE			

3. TRADE REFERENCES				
Company Name	City	State	Telephone	Contact



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4. BANK REFERENCES			
Bank Name and Address	Phone:	Checking Account#:	Saving Account#:
	Contact:	Loan#:	Line of Credit#:
Bank Name and Address	Phone:	Checking Account#:	Saving Account#:
	Contact:	Loan#:	Line of Credit#:

5. CREDIT AGREEMENTS

Has the firm or any of it's principles ever been Bankrupt? Yes___ No___

If Yes, explain _____

Any misrepresentation in this credit application form will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed _____ and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees. Whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name)

(Title)

(Signature)

(Print Name)

(Title)

(Signature)

PERSONAL GUARANTEE

In consideration for PARTSMART CORPORATION extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to PARTSMART CORPORATION I by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between PARTSMART CORPORATION and the business. PARTSMART CORPORATION shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by PARTSMART CORPORATION.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by PARTSMART CORPORATION. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name: _____
(name of person guaranteeing payment, NO TITLE...Pres, VP, Owner etc)

Home Address: _____

Home Phone #: () _____ SS#: _____ - _____ - _____

Signature of person guaranteeing payment: _____

Name of business whose account is guaranteed: _____

Line of Credit _____ Approved _____ Denied _____ Date _____

Amount \$ _____

CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit,

I authorize

Your Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ Account Number _____

To release credit information to:

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by PARTSMART CORPORATION or its representative, by telephone or written correspondence.

The undersigned warrants that the information is true and correct.

As an inducement to grant credit, the undersigned agrees to PARTSMART CORPORATION the right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Signature _____

Printed Name _____

Title _____

Date _____

Signature _____

Printed Name _____

Title _____

Date _____