

COMMERCIAL CREDIT APPLICATION

Business Name \_\_\_\_\_ Area Code & Phone Number \_\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ years  
(Street) (City) (State) (Zip Code)

Shipping Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

D/B/A \_\_\_\_\_ FEDERAL TAX I.D. NUMBER \_\_\_\_\_

Line of Credit Requested \$ \_\_\_\_\_ FAX # \_\_\_\_\_

Former Business Address (if Applicable) \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How Long in Business? \_\_\_\_\_

Does State, County, or City require a License? Yes ☐ No ☐

If Yes, License # \_\_\_\_\_

**OWNERSHIP:** ☐ Sole Owner ☐ Partnership ☐ Corporation

PRINCIPAL: \_\_\_\_\_  
(Name) (Title) % Ownership (SS#) (Home Address)

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**TRADE REFERENCES:** \_\_\_\_\_  
NAME (Name of suppliers of major products and services)  
ADDRESS/PHONE/FAX

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BANK REFERENCE:** ☐ Checking ☐ Loan ☐ Savings

\_\_\_\_\_  
(Name) (Address) (Acct #) (Contact)

\_\_\_\_\_  
(Name) (Address) (Acct #) (Contact)

\_\_\_\_\_  
(Name) (Address) (Acct #) (Contact)

No. of Employees \_\_\_\_\_ Est. Annual Sales \$ \_\_\_\_\_ Sales Area \_\_\_\_\_

Has the firm or any of its Principals ever been bankrupt? Yes ☐ No ☐

If yes, Explain: \_\_\_\_\_

## COMMERCIAL CREDIT APPLICATION

Mortgage Holder/Landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### OTHER BUSINESS DEBTS

NAME	ADDRESS	BAL. DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to Contact About Account \_\_\_\_\_  
(Name) (Title)

Type of Credit Agreement

The undersigned will/will not submit a financial statement. The undersigned certifies that any credit granted pursuant to this application will be used for a commercial transaction. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit, for a commercial transaction.

As an inducement to grant credit for this commercial transaction, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

\_\_\_\_\_  
(Name) (Title) (Name) (Title)

\_\_\_\_\_  
(Name) (Title) (Name) (Title)

### PERSONAL GUARANTEE

In consideration of credit being extended by **SPEEDWAY AUTO PARTS, LTD** to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to **SPEEDWAY AUTO PARTS, LTD** the faithful payment, when due, of all accounts of said applicant for the purchases made. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by **SPEEDWAY AUTO PARTS, LTD** extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

\_\_\_\_\_  
SIGNATURE

Date Line of Credit Approved

Date Line of Credit Denied

COMMENTS:

### CREDIT DEPARTMENT USE ONLY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## BANK REFERENCE FORM

### THE FOLLOWING SECTION MUST BE COMPLETED BY CUSTOMER

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Start Date (mm/yyyy): \_\_\_\_\_

This form must be completed and signed by Customer's bank to include the official bank stamp. A copy of this request remains on file with Speedway Auto Parts Ltd, and Bank may release this information for its confidential use, as required, until Customer notifies Bank to the contrary.

The undersigned authorizes Bank to release information to Speedway Auto Parts Ltd.

### THE FOLLOWING SECTION MUST BE COMPLETED BY THE BANK

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\*\*

Business Checking Account #: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Date opened (mm/yyyy) \_\_\_\_\_ 6-mo Balance: \$ \_\_\_\_\_ NSF in past 12-mos? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Were NSF's covered by overdraft protection? No: \_\_\_\_\_ Yes: \_\_\_\_\_

\*\*\*\*\*

Business Checking Account #: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Date opened (mm/yyyy) \_\_\_\_\_ 6-mo Balance: \$ \_\_\_\_\_ NSF in past 12-mos? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Were NSF's covered by overdraft protection? No: \_\_\_\_\_ Yes: \_\_\_\_\_

\*\*\*\*\*

Business Checking Account #: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Date opened (mm/yyyy) \_\_\_\_\_ 6-mo Balance: \$ \_\_\_\_\_ NSF in past 12-mos? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Were NSF's covered by overdraft protection? No: \_\_\_\_\_ Yes: \_\_\_\_\_

\*\*\*\*\*

Account Type: Business Loan \_\_\_\_\_ Line of Credit \_\_\_\_\_ Floor plan \_\_\_\_\_

Account #: \_\_\_\_\_ Name on Account \_\_\_\_\_ Date opened (mm/yyyy) \_\_\_\_\_

Maximum Amount: \$ \_\_\_\_\_ Current balance: \$ \_\_\_\_\_

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For additional accounts, photocopy this page

Bank Representative Information:

Signature (Bank Representative): \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Title (Bank Representative): \_\_\_\_\_

Contact: Phone #: \_\_\_\_\_

Fax this back to 815-726-9427

Bank Stamp Here