

LOCATIONS:

- Barnesville
- Roberta
- Forsyth
- Jackson
- Griffin
- Reynolds

HAM'S AUTO PARTS, INC.
APPLICATION FOR CREDIT



DATE: _____

ACCT # _____

NEW _____
REVISED _____

PLEASE PRINT

| | | | | |
|---|--------|--|--|---------------|
| D/B/A (SHOW COMPLETE LOCAL BUSINESS NAME) | | | | |
| PARENT COMPANY NAME | | | | |
| BILLING ADDRESS-STREET | | CITY | STATE | ZIP+4 |
| CONTACT REGARDING PAYMENT NAME: | | TITLE: | | |
| TELEPHONE: () | | CELL #: | EMAIL: | |
| SHIP TO ADDRESS (IF DIFFERENT FROM BILLING ADDRESS) | | | DATE BUSINESS STARTED (MO/YR) | |
| COMPANY ORGANIZATION (CHECK ONE) | | | BUSINESS PROPERTY IS: | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Other(Explain) | | | <input type="checkbox"/> Owned <input type="checkbox"/> Leased | |
| CORPORATIONS LOCAL MANAGER OR REPRESENTATIVE (NAME & HOME ADDRESS) | | | TELEPHONE NO. | |
| PARTNERSHIP OWNERS (NAME & HOME ADDRESS) | | HOME IS: | TELEPHONE NO. | |
| 1 | | <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | | |
| 2 | | <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | TELEPHONE NO. | |
| 3 | | <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | TELEPHONE NO. | |
| PROPRIETORSHIP OWNER (NAME & HOME ADDRESS) | | <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | TELEPHONE NO. | |
| PROPRIETORSHIP SPOUSE (MAIDEN NAME) | | | TELEPHONE NO. | |
| PROPRIETORSHIP NEAREST RELATIVE NOT AT ABOVE HOME ADDRESS (NAME & HOME ADDRESS) | | | TELEPHONE NO. | |
| CREDIT REFERENCES WHERE YOU HAVE AN OPEN ACCT | | CITY | STATE | TELEPHONE NO. |
| 1 | | | | |
| 2 | | CITY | STATE | TELEPHONE NO. |
| 3 | | CITY | STATE | TELEPHONE NO. |
| 4 | | CITY | STATE | TELEPHONE NO. |
| BANK REFERENCES (BANK NAME) | BRANCH | TYPE ACCOUNT | ACCOUNT NO. | LOAN OFFICER |
| BUSINESS FINANCIAL STATEMENTS | | | | |
| <input type="checkbox"/> ATTACHED <input type="checkbox"/> WILL BE SUBMITTED BY (DATE): _____ <input type="checkbox"/> REFUSED | | | | |
| APPROXIMATE VALUE OF YOUR INVENTORY | | INVENTORY CONSISTS OF (DESCRIBE) | | |
| \$ | | | | |
| MAY WE CONTACT YOUR PRINCIPAL SUPPLIERS, CREDIT, AND BANK REFERENCES REGARDING THIS APPLICATION? | | | | YES NO |

CONTINUED ON REVERSE

HAM'S AUTO PARTS, INC.- APPLICATION FOR CREDIT (CONTINUED)

| | |
|---|---|
| HOW MUCH CREDIT WITH HAM'S AUTO PARTS, INC. DO YOU EXPECT TO UTILIZE? MONTHLY: \$ _____ YEARLY: \$ _____ | WILL YOU USE A PURCHASE ORDER SYSTEM? NO _____ YES _____ |
|---|---|

| | |
|---|---|
| YOUR PAYMENTS WILL BE MADE | |
| <input type="checkbox"/> MONTHLY BY STATEMENT | Statements are processed on the last day of the month and mailed on the first of the month with payment being due in full by the 10th of the month |
| <input type="checkbox"/> WEEKLY | Statements are processed each Monday morning with payment being due in full by Wednesday |
| <input type="checkbox"/> BY INVOICE: | Statements are processed on the last day of the month and mailed on the first of the month: payment is due in full 30 days from Invoice date not statement date |
| <input type="checkbox"/> CASH | References and Personal Guaranty not required - No statements - All purchases are paid for at the time of purchase |

| | |
|--|--|
| YOUR BUSINESS CLASSIFICATION (CHECK ONE) | |
| <input type="checkbox"/> GARAGE <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> CAR/TRUCK DEALER FLEET <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MASS MERCHANT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> BODY SHOP <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> OTHER MISC. <input type="checkbox"/> CASH ONLY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> TIRES/BRAKES/MUFF/SHOP <input type="checkbox"/> FARM <input type="checkbox"/> NATIONAL ACCOUNT <input type="checkbox"/> MARINE <input type="checkbox"/> INTERCOMPANY TRANSFER |

| | | |
|---|---|--|
| TAX STATUS FOR PURCHASES <input type="checkbox"/> TAXABLE <input type="checkbox"/> EXEMPT | SALES TAX EXEMPTION NUMBER(we must have form completed) | IF EXEMPT, PLEASE COMPLETE EXEMPTION FORM. |
|---|---|--|

| | | |
|--|---|---|
| EMPLOYEES AUTHORIZED TO SIGN FOR MERCHANDISE (IMPORTANT: APPLICANT AGREES TO KEEP THIS LIST OF AUTHORIZED EMPLOYEES UP-TO-DATE) | | |
| 1 | 4 | 7 |
| 2 | 5 | 8 |
| 3 | 6 | 9 |

THE UNDERSIGNED APPLICANT DOES HEREBY CERTIFY THAT THE INFORMATION GIVEN IS CORRECT AND COMPLETE, AND FURTHER AGREES TO PERMIT HAM'S AUTO PARTS, INC. TO USE THIS INFORMATION TO OBTAIN ADDITIONAL REQUIRED CREDIT INFORMATION. IF, AFTER REVIEWING ALL CREDIT INFORMATION, THIS APPLICATION IS APPROVED, **IT IS AGREED AND UNDERSTOOD BY THE UNDERSIGNED AND BY HAM'S AUTO PARTS, INC. THAT ALL PURCHASES MADE ON AN OPEN ACCOUNT WILL BE PAID IN FULL ON OR BEFORE THE 10TH OF THE MONTH FOLLOWING THE DATE OF PURCHASE. NO UNPAID ACCOUNT WILL BE INCREASED AFTER THE 20TH, UNLESS BY SPECIAL AGREEMENT. FURTHER, ANY ACCOUNT WHICH HAS AN UNPAID BALANCE AT THE END OF THE MONTH IN WHICH PAYMENT WAS DUE, WILL BE ASSESSED A FINANCE CHANGE OF 1 1/2% PER MONTH ON THE UNPAID PORTION AT THE APPLICABLE MONTHLY RATE UNTIL SUCH TIME AS THE ACCOUNT HAS BEEN BROUGHT CURRENT.** IN THE EVENT OF SUIT TO COLLECT, ANY AMOUNT DUE ON SAID ACCOUNT AND ALL COSTS OF COLLECTION, INCLUDING (WITHOUT LIMITATION) ATTORNEYS' FEES, AS WELL AS ALL APPLICABLE COMPANY EXPENSES INCURRED DUE TO OUR COLLECTION ATTEMPTS WILL BE CHARGED.

THE UNDERSIGNED AGREES TO ASSUME THE FULL RESPONSIBILITY OF CHARGE PURCHASES MADE ON THE ACCOUNT BY ANY OF THE APPLICANT'S EMPLOYEES LISTED ABOVE, OR AS FROM TIME TO TIME REVISED. IN CONSIDERATION OF THE CREDIT EXTENDED HEREUNDER, THE UNDERSIGNED (WHO IF TWO OR MORE IN NUMBER SHALL JOINTLY AND SEVERALLY BE LIABLE) HEREBY UNCONDITIONALLY AND PERSONALLY GUARANTEES FULL PAYMENT OF THE ACCOUNT.

I, _____, INDIVIDUALLY AUTHORIZE AND AGREE TO THE ABOVE STATED TERMS.
 (PRINT NAME)

SIGNED _____ HOME ADDRESS _____

DATE _____

OFFICE USE ONLY

| | | | | | |
|--------------------------|-------------------------|-------------------------|-----------------------|--------------------------|-----------|
| REPLIES FROM REFERENCES: | DISCOUNTS | PROMPT AND SATISFACTORY | PAYS CASH VOLUNTARILY | SLOW BUT CONSIDERED GOOD | CASH ONLY |
| | | | | | |
| | | | | | |
| | | | | | |
| APPROVAL DATE | APPROVED BY (SIGNATURE) | | | CORPORATE NOTES, ETC. | |
| | | | | | |