



phone: 800-860-1610
fax: 215-943-3741
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TO ALL CREDIT APPLICANTS:

IN AN EFFORT TO EXPEDITE CREDIT APPLICATION PROCESSING WE ARE INCLUDING THE FOLLOWING FORMS.

APPLICATION MUST BE SIGNED BY PRESIDENT, VICE PRESIDENT, OWNER, OR A FINANCIALLY RESPONSIBLE INDIVIDUAL.

BANK INFORMATION REQUEST MUST BE SIGNED BY PRESIDENT, VICE PRESIDENT, OWNER, OR A FINANCIALLY RESPONSIBLE INDIVIDUAL.

PERSONAL GUARANTEE FORM MUST BE FILLED OUT BY PERSON GUARANTEEING PAYMENT. THE PHONE NUMBER AND ADDRESS MUST BE OF THE PERSON NOT THE BUSINESS.

REFERENCE REQUEST FORM WILL BE DUPLICATED TO BE PRESENTED TO LISTED REFERENCES.

ALL SIX PAGES OF APPLICATION MUST BE COMPLETED AND RETURNED.

WHEN FINISHED FILLING OUT APPLICATION, PLEASE FAX ALL PAGES TO (215) 943-3741.

THANK YOU FOR YOUR COOPERATION. PROVIDING US WITH CORRECT AND COMPLETE INFORMATION WILL SPEED UP THE PROCESS. WE LOOK FORWARD TO HAVING YOU AND YOUR COMPANY AS PART OF OUR BUSINESS FAMILY.

APPLICATION FOR CREDIT

BUSINESS NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
CITY, STATE, ZIP:	<input type="text"/>		
PHONE NUMBER:	<input type="text"/>	FAX NUMBER:	<input type="text"/>
CORPORATION	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>
INDIVIDUAL	<input type="checkbox"/>		
INCORPORATED IN THE LAST 12 MONTHS (YES/NO):	<input type="text"/>		
SALES TAX EXEMPT NUMBER:	<input type="text"/>		
NAME OF OWNER, PARTNER, OR PRESIDENT OF BUSINESS:	<input type="text"/>		
SOCIAL SECURITY NUMBER:	<input type="text"/>		
HOME ADDRESS:	<input type="text"/>		
CITY, STATE, ZIP:	<input type="text"/>		
PHONE NUMBER:	<input type="text"/>		
BANK NAME (BUSINESS):	<input type="text"/>		
ADDRESS:	<input type="text"/>		
CITY, STATE, ZIP:	<input type="text"/>		

PHONE NUMBER:

CONTACT PERSON:

ACCOUNT NUMBER:

TRADE REFERENCE ON OPEN ACCOUNT

BUSINESS NAME

ADDRESS

ZIP

FAX NUMBER

1.

2.

3.

ALL ABOVE INFORMATION WILL BE HELD ON STRICT CONFIDENCE. GALLAGHER TIRE, INC. RESERVES THE RIGHT TO CHARGE 1 ½% MONTHLY INTEREST ON PAST DUE ACCOUNTS. GALLAGHER TIRE, INC. ALSO RESERVES THE RIGHT TO BILL ORDERS C.O.D OR REFUSE ORDERS ON PAST DUE ACCOUNTS UNTIL THE PROBLEM IS CLEARED UP. CUSTOMERS SHALL ALSO PAY ALL COST AND EXPENSES, INCLUDING REASONABLE ATTORNEY AND COLLECTION FEES (AT THE RATE OF 25%-50%), INCURRED IN REMEDYING THE DEFAULT OR THE ENFORCEMENTS OF ANY RIGHTS POCESSED BY GALLAGHER TIRE, INC. CUSTOMER AGREES THAT ANY ACTIONS FOR COLLECTION SHALL BE BROUGHT IN COUNTY, AND REPORTED MONTHLY TO THE CREDIT BUREAU.

NAME:

TITLE:

SIGNATURE:

DATE:

PLEASE MAKE A COPY FOR YOUR OWN RECORDS.

FOR OFFICE USE ONLY

APPLICATION ACCEPTED (YES/NO):

REFERENCE CHECKED BY:

DATE:

CREDIT LIMIT:

BANK INFORMATION REQUEST FORM

BANK NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
CHECKING:			
LOANS:			
COMPANY NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
TELEPHONE:		FAX:	
STARTING DATE:			
LOANS:			
LOAN PAYMENT HISTORY:			
CHECKING ACCOUNT HISTORY:			
OVERDRAWN CHECKS IN THE PAST TWELVE MONTHS:			
AVERAGE BALANCES:			

THE UNDERSIGNED AGREES TO ALLOW THE NAMED BANK TO FURNISH THE REQUESTED INFORMATION TO GALLAGHER TIRE, INC. FOR THE CREDIT APPLICATION PURPOSES. GALLAGHER TIRE, INC. AGREES TO MAINTAIN CONFIDENTIALITY AND PRIVACY TO THIS INFORMATION AND WILL NOT SELL, TRADE OR DISTRIBUTE THE OBTAINED INFORMATION.

PRINT NAME:		TITLE:	
SIGNATURE:		DATE:	

CREDIT REFERENCE FORM OFFICE USE - APPLICANT PROVIDE SIGNATURE ONLY

TO: ATTN:

FAX: DATE:

THE COMPANY LISTED BELOW HAS APPLIED TO GALLAGHER TIRE, INC. FOR CREDIT AND HAS GIVEN YOUR COMPANY AS A REFERENCE. PLEASE BE KIND ENOUGH TO PROVIDE THE BASIC CREDIT INFORMATION WE HAVE REQUESTED AND FAX IT BACK TO OUR MAIN LOCATION, 215-943-3741 AT YOUR EARLIEST CONVENIENCE.

CUSTOMER NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

SIGNATURE OF APPLICANT:

HOW LONG HAVE YOU BEEN DOING BUSINESS WITH THIS CUSTOMER:

CREDIT LINE OR HIGH CREDIT TO DATE:

ARE THEY CURRENT: BALANCE OWED:

AVERAGE DAYS TO PAY:

HAVE YOU HAD ANY PROBLEMS WITH THIS CUSTOMER:

NAME OF PERSON SUPPLYING INFORMATION:

THANK YOU FOR TAKING THE TIME TO HONOR OUR REQUEST FOR INFORMATION. WE WILL BE HAPPY TO RECIPROCATATE ANY TIME.

PERSONAL GUARANTEE

IN CONSIDERATION GALLAGHER TIRE, INC. 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 GALLAGHER TIRE, INC. 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 GALLAGHER TIRE, INC. AND THE BUSINESS. GALLAGHER TIRE, INC. 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 GALLAGHER TIRE, INC.

THIS GUARANTY SHALL CONTINUE IN FORCE UNTIL NOTICE IN WRITING, SENT BY REGISTERED OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED BY GALLAGHER TIRE, INC. SAID NOTICE SHALL SPECIFY THE DATE ON WHICH THIS GUARANTY IS TO BE TERMINATED, SAID THE 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 (PERSON GUARANTEEING PAYMENT):

HOME ADDRESS:

HOME PHONE: SS#:

SIGNATURE (PERSON GUARANTEEING PAYMENT):

NAME OF BUSINESS WHOSE ACCOUNT IS GUARANTEED:

HAS THE FIRM OR ANY OF ITS PARTICIPANTS EVER BEEN BANKRUPT (YES/NO):

IF YES, EXPLAIN:

ANY MISREPRESENTATION IN THIS APPLICATION WILL BE CONSIDERED EVIDENCE OF FRAUD, SINCE THIS INFORMATION IS THE BASIS FOR THE EXTENDING OF CREDIT. AS AN INDUCEMENT OF GRANT CREDIT, THE UNDERSIGNED WARRANTS THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT. YOU ARE AUTHORIZED TO INVESTIGATE THE CREDIT REFERENCES AND PRINCIPALS LISTED. IN CONSIDERATION FOR THE EXTENSION OF CREDIT, SAID BUSINESS PROMISES TO PAY FOR ALL PURCHASES WITHIN THE TERMS AGREED (NET 30 DAYS) 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: **DATE:**

CUSTOMER INFORMATION

NAME:

BILLING ADDRESS:

CITY, STATE, ZIP:

PHONE: FAX:

SHIPPING ADDRESS:

CITY, STATE, ZIP:

PHONE: FAX:

A/P CONTACT:

A/P EMAIL:

OTHER:

OTHER:

SALES / PURCHASING CONTACT:

SALES / PURCHASING EMAIL:

OTHER:

OTHER:

A/P - HOW WOULD YOU LIKE TO BE CONTACTED (PLEASE CHECK ALL THAT APPLY):

EMAIL ☐ PHONE ☐ FAX ☐

STATEMENTS - CHECK ONE ONLY:

EMAIL ☐ FAX ☐ US MAIL ☐

SALES DEPT - HOW WOULD YOU LIKE TO BE CONTACTED (PLEASE CHECK ALL THAT APPLY):

EMAIL ☐ PHONE ☐ FAX ☐