

phone: 800-860-1610 fax: 215-943-3741

sales@gallaghertire.com

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 FIVE 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	CREI	DIT							
BUSINESS NAME:									
ADDRESS:									
CITY, STATE, ZIP:									
PHONE NUMBER:		FAX NUMBER:							
CORPORATION			PARTNERSHIP		INDI	IVIDUAL			
INCORPORATED IN	THE	LAST 12	2 MONTHS (YES/NO):						
SALES TAX EXEMPT NUMBER:									
NAME OF OWNER,	PART	NER, O	R PRESIDENT OF BUS	SINESS:					
SHIPPING ADDRES	S (IF I	DIFFERI	ENT FROM BILLING):						
CITY, STATE, ZIP:									
AP CONTACT:									
AP EMAIL:									
AP PREFERRED METHOD OF CONTACT (FAX, EMAIL, USPS):									
SALES CONTACT:									
SALES EMAIL:									

TRADE REFERENCE ON OPEN ACCOUNT		
BUSINESS NAME	CONTACT	FAX NUMBER
1.		
2.		
3.		
ALL ABOVE INFORMATION WILL BE HELD ON STRITHE RIGHT TO CHARGE 1 ½% MONTHLY INTERES: ALSO RESERVES THE RIGHT TO BILL ORDERS C.C. UNTIL THE PROBLEM IS CLEARED UP. CUSTOMER INCLUDING REASONABLE ATTORNEY AND COLLECTEMEDYING THE DEFAULT OR THE ENFORCEMENTIRE, INC. CUSTOMER AGREES THAT ANY ACTION AND REPORTED MONTHLY TO THE CREDIT BURE.	T ON PAST DUE ACC D.D OR REFUSE ORE IS SHALL ALSO PAY CTION FEES (AT THE ITS OF ANY RIGHTS IS FOR COLLECTION	COUNTS. GALLAGHER TIRE, INC. DERS ON PAST DUE ACCOUNTS ALL COST AND EXPENSES, E RATE OF 25%-50%), INCURRED IN POSSESSED BY GALLAGHER
NAME:	TITLE:	
SIGNATURE:	DATE:	
PLEASE MAKE A COPY FOR YOUR OWN RECORDS	S.	
FOR OFFICE USE ONLY		
APPLICATION ACCEPTED (YES/NO):		

DATE:

REFERENCE CHECKED BY:

CREDIT LIMIT:

BANK INFORMATION REQUEST FORM				
BANK NAME:				
ADDRESS:				
CITY, STATE, ZIP:				
CHECKING:				
LOANS:				
STARTING DATE:				
LOANS:				
LOAN PAYMENT H	IISTORY:			
CHECKING ACCOL	UNT HISTORY:			
OVERDRAWN CHE	ECKS IN THE PAST TWELVE MONTHS:			
AVERAGE BALANC	CES:			
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:	Т	TITLE:		
SIGNATURE:		DATE:		

## **CREDIT REQUEST FORM**



## T (800) 860-1610 F (215) 943-3741 SALES@GALLAGHERTIRE.COM

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.

FOR OFFICE USE ONLY				
TO:	ATTN:			
FAX:	DATE:			
TO BE COMPLETED BY APPLICANT				
CUSTOMER NAME:				
ADDRESS:				
CITY, STATE, ZIP:				
PHONE NUMBER:				
SIGNATURE OF APPLICANT:				
TO BE COMPLETED BY CREDIT REFERENCE				
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:				

## **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 GUARANTEE 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.

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.

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:				
IF YES, EXPLAIN:				