

CONFIDENTIAL CREDIT APPLICATION FORM
COMMERCIAL

COMPANY NAME (in full) _____
OPERATING AS _____

MAILING ADDRESS _____

DELIVERY ADDRESS (if different than above) _____

PHONE # _____ FAX # _____

EMAIL ADDRESS _____

DIRECT CONTACT PERSON _____

LENGTH OF TIME IN BUSINESS _____

OFFICERS/OPERATORS

NAME _____ TITLE _____

HOME ADDRESS _____

NAME _____ TITLE _____

HOME ADDRESS _____

TRADE REFERENCE

COMPANY NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

BANK REFERENCE

FINANCIAL INSTITUTION _____

ADDRESS _____ PHONE# _____

CONTACT NAME _____

TERMS & CONDITIONS

All invoices shall be payable net 30 days and all outstanding/overdue amounts will be charged at the rate of 2% per month, 24% per year. Any legal costs charged for the recovery of outstanding amounts will be recoverable as a debt due by the customer.

I the undersigned, declare that all the info supplied in this Credit Application Form is true and accurate and that I am authorized to request a charge account with Barton Auto Parts Ltd. By signing this Credit Application Form, I agree and consent authorization to Barton Auto Parts Ltd. to obtain from a credit reporting agency or any other source, such information that Barton Auto Parts Ltd. may deem appropriate in connection with credit hereby applied for. I also authorize my financial institution to disclose all the necessary information required by Barton Auto Parts Ltd. pertaining to the opening of the applied account, and/or the periodic updating of my credit file with Barton Auto Parts Ltd.

In consideration of Barton Auto Parts Ltd. granting credit to the above said company of which I am an officer/operator, I do hereby personally guarantee payments of all accounts of the above said Company. This is a continuing and irrevocable guarantee and shall not be affected by any extensions of time for payments or other arrangements you may make with Barton Auto Parts Ltd. but shall only be discharged by payments in full of all of the company's account(s).

DATE _____ SALESMAN _____

AUTHORIZED SIGNATURE _____

PRINTED NAME _____

Office Use Only

Date Approved _____ Approved By _____

Credit Limit _____ Date Opened _____

Special Conditions _____
