



# Application for Credit Account

DO NOT WRITE - INTERNAL PURPOSES

STORE #  
SHRADER  
ACCOUNT #  
Entered By &  
Date

Firm Name		Date	
Street Address		Is a P.O. required? (Check one) Yes No	
City		Phone	
State	Zip Code	Fax	
Mailing Address		Company Email	
Mailing City / State / Zip Code		A/P contact info and E-Mail Address	
Proprietorship	Partnership	Corporation	LLC
		Tax Charged (check one) Yes No Tax exempt customers must provide an appropriate certificate	
If a subsidiary, name and address of parent company			
If a corporation, under what state laws are you incorporated?		Federal I.D. Number	
Full name and title of officers for corporation or full name, address and SS# for proprietorships/partnerships			
1.		Soc. Sec. #	
2.		Soc. Sec. #	
3.		Soc. Sec. #	
4.		Soc. Sec. #	
Former Business/Occupation		Type of Present Business, if Trucking – How many trucks do you have?	
Date Business Started	Annual Tire & Oil Purchases from All Sources	Will financial statements be furnished on request? Yes No	
Prior Year's Sales	Estimated Monthly Purchases	Estimated Line of Credit (Limit) requested	
Bank Reference		Lending Officer	
Street Address		Account number(s)	
City	State	Zip	Phone
Trade References			
Company Name	Contact	Fax Number	Email

This application will only be acceptable if the information requested is filled out completely.

**SHRADER TIRE AND OIL CREDIT AGREEMENT**

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. We hereby authorize Shrader Tire & Oil to investigate the references listed pertaining to my/our credit and financial responsibility. The undersigned hereby authorizes the Creditor to verify and collect information on the undersigned, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports, to be used for the purpose of granting credit terms in the ordinary course of business for the Creditor. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TERMS: PAYMENT IS DUE ON THE 10th OF THE MONTH FOLLOWING THE MONTH OF SALE. IF NOT PAID BY THE END OF THE MONTH THAT PAYMENT IS DUE, THE BALANCE IS SUBJECT TO A 1.5% SERVICE CHARGE. ACCOUNTS WITH OPEN INVOICES 45 DAYS OR OLDER ARE ALSO SUBJECT TO TEMPORARY CREDIT HOLD.**

**PERSONAL GUARANTY:** The undersigned, in consideration of the Creditor extending credit at the undersigned's request to the Customer, **hereby personally guarantees the payment** of any obligations and indebtedness of the Customer to the Creditor that may become due to Creditor. The undersigned acknowledges that this extension of credit is a benefit since the undersigned is, if Customer is a corporation, an officer, director and/or shareholder of the Customer, if Customer is a limited liability company, a member, manager, and/or officer of the Customer, if Customer is a partnership, a general and/or limited partner of the Customer, or if Customer is a sole proprietorship, the owner of the Customer. This guarantee is continuing and is a guarantee of payment (not collection), meaning that it is independent of the obligation of the Customer and may be enforced without first seeking to collect from the Customer. The undersigned hereby waives and notice of default, non-payment and notice thereof and consents to any modification or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_  
Signature(Personally) – Must provide social security number

\_\_\_\_\_  
Print Name

<b>TO BE COMPLETED BY A SHRADER TIRE &amp; OIL SALESMAN OR MANAGER:</b>			
<b>Salesman or Manager:</b> _____		<b>Customer Email:</b> _____	
Customer Type: _____	Retread Customer: Yes No	Pricing Matrix: Yes No	
Fleet Sheet Mailing: TO (Billing Address Yes or No) (Ship-to's Yes or No)		Delivery Days: _____	
<b>TO BE COMPLETED BY CREDIT DEPARTMENT:</b>			
Credit Limit: _____	Terms: _____	Limit: _____	Credit Signature: _____

**WHEN COMPLETE FAX TO: 419-754-2258**