

## For Sale of Good and Services For Commercial and Business Use Only.

Applications cannot be considered unless they are signed by the owner, partner, or a corporate officer. Please enclose a copy of your current financial statements so we may grant the highest possible credit limit.

## **COMMERCIAL CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION							
Last: First:		Mid	dle Initial:	Title:			
Name of Business:	VI SIES		•	Tax	x I.D.#		
Address:	City		State	ZII	P Code:		
Phone:	Fax:	-	E-Ma	ail: _			
COMPANY INFORMATION							
Type of Business:			In Business Si	nce:			
Legal Form Under Which Business Operates:							
State/Province:	Corporation	0	Partnership	BUT C			
Proprietorship		V					
If Division/Subsidiary ,Name of Parent Company:	0			In Busines	es Since:		
Pending lawsuits against company:							
Have you ever had credit with us before?	Yes		No				
If yes, under what name?							
Name of Company Principal Responsible for Busines	ss Transactions:			Title:			
Address:	City:	State:	ZIP:		Phone:		



BANK REFERENCES							
Institution Name:							
Checking Account #	Saving Accour	Saving Account #					
Address:	City:	State:	ZIP Code:				
Phone:	Fax:	E-Mail:					
:	· · · · ·						
TRADE REFERENCES							
Company name :	Company name:	Company na	me:				
Contact name:	Contact name:	Contact nam	e:				
Address:	Address:	Address:					
Phone:	Phone:	Phone:					
Account Opened Since:	Account Opened Since:	Account Open	ed Since:				
Credit Limit:	Credit Limit:	Credit Limit:	Credit Limit:				
Current Balance:	Current Balance:						
FINANCIAL INFORMATION							
Company Total Assets:	Company Total Liabilities:	Am	ount of credit requested:				
Annual Net Income							
Have you or your officers or affiliates ever filed a petition in bankruptcy?	Yes		No				
Is your company subject any litigation? If so, describe:	Yes 🗆	No					

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## **TERMS & CONDITIONS**

This credit application is my written request to obtain credit from Peach Tire Distributors of Atlanta and/or any affiliated corporation or business under assumed name owned in whole or in part by Peach Tire Distributors, all collectively herein referred to as Peach Tire Distributors.

The information above is correct to the best of my knowledge and I authorize Peach Tire Distributors to complete a thorough credit investigation. If Peach Tire Distributors deems it necessary, I hereby give Peach Tire Distributors permission to obtain information from a participating Credit Bureau for the purposes of establishing credit, account review, credit line increases, collection or other legitimate purposes.

In the event of default in the payment of this account, I agree to pay interest at the rate of .75 % per month. Interest will be assessed upon balances thirty or more days delinquent. I agree to pay all costs of collection including Attorney's Fees at the rate of 15% of the total balance due, including interest.

I agree that any legal action brought by Peach Tire Distributors to collect any balance due by me under this agreement will be brought in DeKalb County, Georgia and I hereby submit to the jurisdiction of said Court and all disputes, if any, and the terms of this Credit Application shall be governed by the laws of the State of Georgia. Waiver of any provision of these terms by Peach Tire Distributors shall not be construed to be a waiver of the same or a different term in the future.

These terms shall not be altered except by a written modification signed by the applicant and Peach Tire Distributors. The undersigned applicant warrants and represents that he/she is either an owner of the applicant or is a duly authorized office /agent of the applicant and has actual authority to enter into this agreement on behalf of the applicant and obligate such applicant to the terms set out herein.

		x
Printed Name & Title		Signature
_	•	• <u>X</u>
Printed Name & Title		Signature

WEB: www.peachtires.com



## **CONTINUING PERSONAL GUARANTEE**

Guarantor's Name		_SSN	
Present Home AddressCity	State	- Zip	
Signature	State	ΣιΡ	
Olginatar o			
Guarantor's Name		SSN	
Present Home Address Home Ph Signature			
Home PhCity	State	Zip	
Signature	Date	Date	
Authorized signature:	Printed name:	Date:	
A \$29.95 charge will be assessed on all NSF checks. NSF will be the buyer's responsibility. Said costs and expenses	checks will be pursued for collection under the applicable statushall include all reasonable attorney fees.	tes of the state. Collection costs and expenses	
correct and complete and is <mark>given to include the Company</mark> including contacting the ab <mark>ove</mark> trade refe <mark>ren</mark> ces and banks	complete and is given to include the Company to extend credit. to extend credit. We authorize the Company to make such cred and obtaining credit reports. We authorize all trade references, ial and credit history of my company and myself: I have read the	it investigation as the Company sees fit, banks and credit reporting agencies to disclose terms and conditions stated below and agree	
Authorized signature:	Printed name:		