



by



Credit Application

Please mail or fax this application with a completed W-9 and Certificate of Exemption.

Company Name: _____ SS# or FEIN # _____

DBA: _____ # of Technicians _____

Business Type: ___ Corporation ___ LLC ___ Partnership ___ Proprietorship Subzero/Wolf Agency # _____

Billing Address _____ City/State/Zip _____

Do you sell parts wholesale? Yes No Requested Credit Amount: _____ Sales Tax Exemption # _____

Owner/Principal's Name: _____ Title: _____ Owned since (Date): _____

E-mail Address: _____ Phone # _____ Cell # _____

Acct Payable Contact's Name: _____

E-mail Address: _____ Phone # _____ Cell # _____

Shipping Contact Name: _____ P.O. Required? Yes No

E-mail Address: _____ Phone # _____ Cell # _____

Shipping Address _____ City/State/Zip _____

TRADE REFERENCES

Company Name _____ Account # _____

Address: _____ City/State/Zip _____

Contact Name _____ Phone # _____ Fax # _____

Company Name _____ Account # _____

Address: _____ City/State/Zip _____

Contact Name _____ Phone # _____ Fax # _____

Company Name _____ Account # _____

Address: _____ City/State/Zip _____

Contact Name _____ Phone # _____ Fax # _____

Authorization to release information: The undersigned authorizes any trade account listed above to release any & all information to Midwest Parts Distributing, Inc. for the purpose of obtaining sufficient credit history to establish a new account. **Terms:** An open account requires a personal guarantee of the owner, that the entire balance of the statement must be paid by the 15th of each month, and agreement to pay a service charge of 1.5% (18% per year) which will be added on all unpaid balances over 30 days. If the account must be referred for collection, the undersigned agree to pay all costs including but not limited to collection fees & attorney fees.

Personal Guarantee Required: The undersigned, ("Guarantor"), owners of the Applicant for credit do hereby guarantee the payment of this credit as provided in the terms of sale, and waive(s) notice of nonpayment and all other notices in connection therewith. We consent to personal jurisdiction over us of the state and federal courts in Hamilton County, Ohio, which shall apply Ohio law. We agree to reimburse Seller its reasonable attorney's fees and related costs. This writing contains the entire agreement between the parties with respect to this Guaranty.

Guarantor:

Signature _____ Title _____ Date _____

Print Name _____ Home Phone _____ Cell _____

Home Address: _____ City/State/Zip _____