



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 15<sup>th</sup> 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 \_\_\_\_\_