

Purcell Tire and Service Centers  
Credit Application



General Information:

Legal business name: \_\_\_\_\_  
Street address: \_\_\_\_\_ PO Box # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is ship to/delivery address different: \_\_\_ Yes \_\_\_ No If yes address is: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_  
Will they always be delivered to this address? \_\_\_ Yes \_\_\_ No What county will the tires be delivered to? \_\_\_\_\_ Within City Limits? \_\_\_ Yes \_\_\_ No  
Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
D&B #: \_\_\_\_\_ Would you like invoices/statements emailed?: \_\_\_ Yes \_\_\_ No  
If yes list email address: \_\_\_\_\_  
Type of Company: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Individual \_\_\_ LLC  
\_\_\_ LLP \_\_\_ Government Anticipated yearly volume: \_\_\_\_\_ Initial order: \_\_\_\_\_  
Nature of business: \_\_\_\_\_ Date established: \_\_\_\_\_  
PO required: \_\_\_ Yes \_\_\_ No What Purcell locations will you be purchasing from? \_\_\_\_\_

Names of Officers/Owners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Former/present affiliated companies: \_\_\_\_\_  
How related: \_\_\_\_\_  
Pending litigation? \_\_\_\_\_ If yes, details: \_\_\_\_\_  
Bankruptcy filed: \_\_\_\_\_ If yes, date, city & state of filing: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of ownership: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Former/present affiliated companies: \_\_\_\_\_  
How Related: \_\_\_\_\_  
Pending litigation? \_\_\_\_\_ If yes, details: \_\_\_\_\_  
Bankruptcy filed: \_\_\_\_\_ If yes, date, city & state of filing: \_\_\_\_\_

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**Bank Information:**

Bank: _____	Branch: _____	Checking acct.#: _____
Contact: _____	Phone #: _____	Loan #: _____
List names of persons authorized to use account: _____		

**Credit and Trade References:**

Name	Address	Account Number
Balance due	Telephone/Fax Number	Contact Person
Name	Address	Account Number
Balance due	Telephone/Fax Number	Contact Person
Name	Address	Account Number
Balance due	Telephone/Fax Number	Contact Person

**Sales Tax Exempt:**

Are you sales tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please provide exemption # _____
A copy of your Sales Tax Exemption must accompany this application if you are exempt.

**Credit Card Policy/Payment Policy**

<p>A three percent convenience fee (minimum \$3.00) will be assessed on all Visa, MasterCard, Discover card and American Express credit card transactions as applicable by law.</p> <p>ACH / wire instructions as well as our lockbox information can be provided upon approval of a credit limit. No transaction fee will be assessed on payments made by cash, check, ACH or wire. There is a \$35 fee for NSF checks.</p>
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If credit is extended, the applicant company agrees as follows:

To pay all invoices when due, according to the terms Net 10<sup>th</sup> on each invoice.

That all past due invoices are subject to a finance fee equal to the legal rate of interest.

To pay all collection fees, reasonable attorney fees, court costs, and other expenses incurred by the seller to effect recovery of sums due from the applicant company in the event of non-payment.

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of law, under jurisdiction of the State of Missouri Courts and that venue in any such action shall be in the County of Washington.

Continuing guarantee: To undersigned "Guarantor" personally and individually, jointly and severally, unconditionally guarantee and promise to pay to the company on demand and all present and future indebtedness, obligations and liabilities of the customer to the company. The obligations of the Guarantors hereunder are joint and several and independent of the obligations of the customer and a separate action may be brought against any one or more of the Guarantors whether or not action is brought against any other Guarantors or against the customer. Guarantors waive any rights to have the company proceed against the customer or any security held from the customer.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of CFO.

By signing this application and/or accepting credit, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

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

OFFICE USE ONLY  
DATE RECEIVED \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
DECLINED BY: \_\_\_\_\_