



CONSOLIDATED PARTS GROUP

"Your Partners in Parts"

CREDIT APPLICATION

Please circle which company(s) in our Wholesale Parts Group with whom you are applying for credit:

- Zeigler Chrysler-Dodge-Jeep-Ram Zeigler Lincoln-BMW Zeigler Nissan Zeigler Honda Zeigler Infiniti**
Zeigler Mini Cooper Kool Toyota Shaheen Chevrolet Betten Imports Harvey Lexus

Full Legal Business Name: _____ Trade Name: _____

Address: _____ City _____ St _____ ZIP _____

Billing Address (If different than above) _____ City _____ St _____ ZIP _____

Telephone _____ FAX _____ e-mail: _____

Type of Business: _____ In Business Since _____ At Present Address Since _____

Business Entity Status: _____ Corporation _____ Partnership _____ LLC _____ Sole Proprietor

Name of Corporate Officers, Partners, Or Owners:

Name:	Title	SS# and DL# (sole proprietor/partner)	Address	City	State	ZIP

Person to Contact regarding the Account _____ Phone# _____

Annual Volume _____ Anticipated Monthly Purchases _____

DUNS Number _____ Taxpayer ID Number _____

Bank References (at least one)

Bank _____ Branch _____ Acct# _____

Address _____ City _____ St _____ ZIP _____ Phone# _____

Bank _____ Branch _____ Acct# _____

Address _____ City _____ St _____ ZIP _____ Phone# _____

AUTHORIZATION

The undersigned authorizes the release of all banking and credit information, both business and/or personal, requested by listed business above (circled). This form may be reproduced or photocopied and a fax copy shall be as effective consent as the original which I have signed.

Print Name

Date

Authorized Signature

Trade/Credit References: (must include 3 references with full address and phone#).

Firm Name	Address	Phone/Fax/e-mail	High Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I (We) understand the following and will abide by your company regulations:

- 1) We will notify Dealer(s) of any ownership changes in our company immediately.
 - 2) We will pay invoices by the 10th of the month following the month of purchase (net 10th).
 - 3) We will pay 1.5% per month (18% annually) for all past due balances.
 - 4) We agree that our account will become COD if we fail to pay invoices within the above stated terms.
 - 5) The financial condition of our company is satisfactory and we can meet all financial obligations.
 - 6) If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/or collection expenses.
- I (we) make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis.

Name (print) Date

Signature

***Personal Guaranty**

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms of sale. The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Dealership to investigate the references listed pertaining to my/our credit and financial responsibility.

I, _____, an individual, residing at _____ - OR -

I/we _____, the parent/associate of _____ ("the company")

For and in consideration of extending credit to the Company, hereby guarantee to the Dealership, any obligation or indebtedness of the Company and I/we agree to be bound to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. If it becomes necessary to enforce this guarantee by suit, I/we

Agree to pay interest, costs, attorney's fees, or expenses which the Dealership might suffer by reason of the Company's default.

I agree that if my business is a partnership, an unincorporated business, a sole proprietorship, or has been incorporated for less than one (1) year, I authorize the Dealership, or its agent to investigate my personal financial records, including bank records. If my business has been incorporated for one (1) year or more it is understood that my personal financial records will not be investigated without my prior authorization.

Name (print) Social Security Number

Title Home Phone Number

Home Address City, State, ZIP

In witness whereof I have signed on _____, 20_____.

Signature of Guarantor

Guaranty needed if business is not incorporated, or if business has been incorporated less than one (1) year.