OFFICE USE ONLY
DATE: _____
APPROVED BY: _____
CUSTOMER #: _____
CREDIT LIMIT: _____

Holman
Driving What's Right

Preferred Customer Credit Application and Contract

LEGAL NAME: _____ PHONE: (_____) _____

DBA: _____ A/P EMAIL: _____

BILLING ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

DELIVERY ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

NATURE OF BUSINESS: _____# OF YEARS IN BUSINESS: _____ # OF EMPLOYEES: _____

BUSINESS MORTGAGE HOLDER/LANDLORD: _____

CONTACT NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

FEDERAL ID #: _____ D&B #:_____TAX EXEMPT: ☐NO ☐YES (COMPLETE EXEMPTION FORM)

☐SOLE PROPRIETORSHIP ☐PARTNERSHIP ☐LIMITED LIABILITY CO.

☐CORPORATION: INCORPORATED IN THE YEAR: _____ IN THE STATE OF: _____

CREDIT LIMIT REQUESTED: $_____ P.O REQUIRED: ☐NO ☐YES

Bank Reference

BANK NAME: _____CONTACT: _____

ACCOUNT NUMBER(S):_____

PHONE: (_____) _____ FAX: (_____) _____

Trade References

COMPANY NAME: _____ A/R CONTACT: _____

A/R PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

COMPANY NAME: _____ A/R CONTACT: _____

A/R PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

COMPANY NAME: _____ A/R CONTACT: _____

A/R PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ZIP: _____

Owners, Partners, or Officers

NAME: _____ TITLE: _____ SS#: _____

HOME PHONE: _____ HOME ADDRESS: _____

NAME: _____ TITLE: _____ SS#: _____

HOME PHONE: _____ HOME ADDRESS: _____

NAME: _____ TITLE: _____ SS#: _____

HOME PHONE: _____ HOME ADDRESS: _____

TERMS: (*Signature Required*)

We run our statements on the 25th of each month; unless this day falls on a weekend then statements will be run on the next normal business day. In order to avoid finance charges and/or having your account placed on C.O.D. please remit full payment by the 10th of each month. Repeated late payments will result in charging privileges being revoked. Applicant acknowledges and agrees to pay a finance charge of 1.75% per month that will be charged on balances not paid within terms.

By signing this agreement, the undersigned states that all information contained in this application is true and correct to the best of their knowledge and hereby gives authorization for any reference listed to release business related information for the sole use of establishing credit worthiness.

Applicant agrees to pay the account as stated in the terms above. In the event the account is not paid on time, applicant agrees to pay reasonable collection costs and attorney fees incurred during the collection process.

Applicant Name *(Please print)*: _____ Date _____

Applicant Signature _____ Title: _____

PERSONAL GUARANTEE:

To induce Holman Automotive to extend credit to the above Applicant, the undersigned ("Guarantor"), an owner of Applicant, hereby guarantees payment when due of all accounts, including finance and service charges, payable by Applicant to Holman Automotive. Any revocation of charge privileges shall not affect the guaranty with respect to amounts owed before revocation of charge privileges by Holman Automotive. Notices of acceptance, default and nonpayment are hereby waived. This guaranty shall be a continuing and irrevocable guaranty and indemnity for indebtedness of Applicant to Holman Automotive. Guarantor, without notice, consents to any modification, extension and/or renewal of the credit agreement hereby guaranteed. If the Applicant fails to pay the account when due, Holman Automotive may proceed hereunder against Guarantor without notice and without first proceeding against Applicant to exercise all legal remedies available to collect the balance due.

Guarantor's Name (*Please Print*) _____ Date _____

Guarantor's Signature _____