



Application for Commercial Credit

Liberty Parts Team, Inc.

888-444-8778

Date: _____

Credit Limit Requested: _____

APPLICANT				
Full Legal Name		DBA (if different)		
Business Street Address		City	State	Zip Code
Billing Street Address		City	State	Zip Code
Business Phone No.	Businss Fax No.		Mobile No.	
Website		Email Address		
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor				
Other (specify) _____				
Federal Tax ID or SSN		Years in Business		
OWNER INFORMATION				
Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required				
Name	Title	Ownership %	Home Address	Home Ph
BANK REFERENCE				
Bank Name		Contact	Phone No.	Email or Fax No.
Account No.	Account Type		Bank Address	
TRADE REFERENCES				
Please list three significant business relationships.				
Name	Contact	Address	Phone No.	Email or Fax No.



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CERTIFICATION

Has the company or any officer, partner, member, or owner ever filed for bankruptcy?

Yes No (If yes, attach detail)

Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member or owner ever had credit with us before?

Yes No (If yes, under what name)

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of Liberty Parts Team. I also agree and accept that the credit limit terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 1.5% per month finance charge. The applicant further agrees to pay all collection fees incurred in the event of default, if the account is placed with a collection agency or attorney.

Signature: Date:

Print Name: Title:

CREDIT CARD AUTHORIZATION

If invoices become 45 days past due, this card will be charged for the full amount of the past due invoice(s).

Table with 2 columns: Field Name, Value. Fields include Cardholder Name, Telephone No., Email Address, Card Number, Expiration Date, Billing Address, Card Type, Signature.

PERSONAL GUARANTEE

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of owed to Liberty Parts Team Inc. This personal guarantee shall remain in force until its revocation is received by certified mail to the address of 3517 West Beltline Hwy Madison, WI 53713. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Signature: Date:

Print Name: Social Security Number: