

# Credit Application

Rochester Wholesale Tires  
923 6<sup>th</sup> Street NW  
Rochester, MN 55901  
Fax: 507-226-0752

## BUSINESS INFORMATION:

Business name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Parent company if subsidiary \_\_\_\_\_ Years in business \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Type of ownership:  proprietorship  partnership  corporation  government  nonprofit

## PERSONAL INFORMATION:

Name of owner \_\_\_\_\_  
Home  
address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of co-owner \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Estimated monthly purchases (\$) \_\_\_\_\_ Purchase order required:  yes  no  
Special billing instructions? \_\_\_\_\_

## TRADE REFERENCES: *please only list references you have done business with for more than one year.*

1. Name \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ Acct No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
2. Name \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ Acct No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
3. Name \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ Acct No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## BANK REFERENCE:

Name \_\_\_\_\_  
Phone(\_\_\_\_\_) \_\_\_\_\_  
Account No. \_\_\_\_\_ Account officer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CREDIT AGREEMENT-TERMS AND CONDITIONS:**

It is agreed that all charges are due and payable on the 10th of the month following purchase. All past due amounts are subject to a service charge of 1.5% per month, which is an annual percentage rate of 18%. Applicant shall pay all reasonable attorney fees, court costs and disbursements incurred by Rochester Wholesale Tires to collect any balance due on this account. Applicant authorizes Rochester Wholesale Tires to conduct credit investigation of, and to obtain credit reports on, applicant, and to make credit reports on applicants account. Applicant agrees that the terms and conditions of this agreement and Rochester Wholesale Tires invoices and statements shall prevail in the event of any conflict with those contained in any purchase order or other form submitted at any time by Applicant.

Authorized signature \_\_\_\_\_ Name(print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

If business is a proprietorship, partnership or corporation of less than 3 years, or if you are unable to supply three trade references of 1 year, the following must be completed by owner, general partner or officer of the company.

**PERSONAL GUARANTEE:**

In consideration of the credit purchases from Rochester Wholesale Tires under the Rochester Wholesale Tires Credit Agreement ("Agreement") above, the terms of which incorporated by reference and made part of this Application, the undersigned hereby agrees to unconditionally personally guarantee payment of all amounts due under, and performance under the terms of, the Agreement, and further agrees to pay the total balance due on the Account opened pursuant to the Agreement upon demand, without requiring Rochester Wholesale Tires to proceed first to enforce payment against the business entity also liable on the Account, in the event of any default under the Agreement which governs the Account. The undersigned hereby waives any notices regarding the Agreement and agrees that this personal guarantee shall be applicable for as long as the Agreement and Account shall be operative.

First name \_\_\_\_\_ Mid Initial \_\_\_\_\_ Last name \_\_\_\_\_