

Marshall Tire Group, Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Applicant's Name: _____ Applicant's Title: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ FEIN: _____
Date Started: _____ Phone: _____ Fax: _____

BUSINESS AND CREDIT INFORMATION

Sole Proprietorship: ☐ Partnership: ☐ Corporation: ☐ Other: ☐
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Mobile Phone: _____ A/P Contact: _____
Requested Credit Line*: _____ * Credit lines of \$5,000 or greater require a signed personal guarantee on the reverse side of this form
Bank Name: _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Phone: _____ Fax: _____
Account Number: _____ Account Type: _____

BUSINESS / TRADE REFERENCES

Business: _____
Address: _____
Phone: _____
Fax: _____

Business: _____
Address: _____
Phone: _____
Fax: _____

Business: _____
Address: _____
Phone: _____
Fax: _____

Business: _____
Address: _____
Phone: _____
Fax: _____

AGREEMENT

1. All invoices are to be paid 15 days from the monthly statement date
2. Claims arising from invoices must be made within seven (7) business days
3. By submitting this application, you authorize Marshall Tire Group to make inquiries in the banking and business/trade references that you have provided

SIGNATURE

Signature: _____

Name & Title: _____ Date: _____

Marshall Tire Group, Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

INDIVIDUAL PERSONAL GUARANTEE

*** This section is required when requesting a credit line of \$5,000 or greater, or if otherwise requested by the credit dept.**

Dated this _____ day of _____, 20____

I, _____
(Individual's Name)

residing at _____
(Individual's personal address, city, state, zip)

for and in consideration of MARSHALL TIRE GROUP, INC.

extending credit to _____
(Name of Credit Applicant Company)

(hereafter referred to as the "Company") of which and in reliance on any guaranty of said credit,

I _____, hereby personally guarantee to you the payment of any obligation
(Individual's name)

of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you or 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 thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. The Officer(s) of the Company must sign below as individuals -- signatures only, no corporate titles.

Social Security Number: _____

Signature: _____

Printed Name: _____

Dated: _____

Social Security Number: _____

Signature: _____

Printed Name: _____

Dated: _____

Delivery/Receipt: Any signed document transmitted by facsimile machine (fax), or by email, shall be treated in all manner and respect, as an original document and the signature of any party upon a document transmitted by such shall be considered an original signature.