



**ORIGINAL/RENEWAL
CREDIT APPLICATION**

BUSINESS OFFICES:
1 Alumni Drive
Exeter, NH 03833
www.grahamtireandauto.com
(603) 772-1817 | Fax (603) 772-1683

IMPORTANT: In order for the credit department to process your application form efficiently and on a timely basis, ALL information requested below MUST be filled in. Applications with improper and inadequate information will be returned to the applicant unprocessed.

REGISTERED LEGAL
NAME OF BUSINESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (If different from above) _____

ADDITIONAL LOCATION(S) _____

Telephone () _____ FAX () _____ E-Mail Address _____

TYPE OF BUSINESS _____ ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

STATE OF INCORPORATION OR BUSINESS FORMATION _____

HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE ABOVE LOCATION? ____ If less than two (2) years, give complete previous address:

DO YOU REQUIRE A PURCHASE ORDER ☐ YES ☐ NO HOW LONG IN BUSINESS _____ YEAR(S) _____ MONTH(S)

ARE YOU TAX EXEMPT? ☐ YES ☐ NO If yes, please include a copy of your tax exempt certificate with this application.

LIST NAMES AND HOME ADDRESS OF OWNER(S), PARTNER(S), OR OFFICER(S) OF COMPANY

NAME	TITLE	COMPLETE ADDRESS (street, city, state, zip)	TELEPHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCES:

BANK	COMPLETE ADDRESS (street city state zip)	ACCOUNT NO.
<input type="checkbox"/> BUS. CHECKING _____	_____	_____
<input type="checkbox"/> PERSONAL CHECKING _____	_____	_____
SAVINGS _____	_____	_____
MORTGAGE(S) _____	_____	_____
LOAN(S) _____	_____	_____
_____	_____	_____
_____	_____	_____

TRADE REFERENCES:

	COMPLETE ADDRESS (street, city, state, zip)	TELEPHONE & FAX NO.
1. _____	_____	_____/_____
_____	_____	_____/_____
2. _____	_____	_____/_____
_____	_____	_____/_____
3. _____	_____	_____/_____
_____	_____	_____/_____
4. _____	_____	_____/_____
_____	_____	_____/_____

PLEASE SIGN REVERSE SIDE

1. Terms are 2% if paid in full by the 10th of the following month or net 30 (unless otherwise agreed). A monthly charge of 1-1/2% will be levied on all amounts 30 days past due from the due date, including on accrued and unpaid interest (18% per annum).
2. I agree to pay my account in full each month or as otherwise agreed with Graham Tire and Auto, Inc. and to pay Graham Tire and Auto, Inc. all expenses Graham Tire and Auto, Inc. incurs in connection with its extension of credit to me, including Graham Tire and Auto, Inc.'s reasonable attorney's fees. If any legal action is required to collect any sums due Graham Tire and Auto, Inc. from the applicant(s) or guarantor(s) if a lawsuit is filed, I agree that interest will accrue at all times at the interest rate set forth above and not the statutory rate until payment is made in full.
3. I hereby authorize any bank, financial institution or other company listed above and any credit reporting agency to release any information requested by Graham Tire and Auto, Inc. in their credit investigation process. This authorization shall continue so long as any amounts owed are due and unpaid, specifically permitting Graham Tire and Auto, Inc. to receive credit information about the applicant or guarantor at any time to aid in consideration of continuing or extending credit or in collecting any sums due.

4. I agree that this account is unrestricted unless I notify Graham Tire and Auto, Inc. in writing to the contrary requiring the use of purchase orders. I further understand that any restrictions on this account can be honored at one location, to which the account has been assigned.
5. I agree to be liable for the full balance due on this account, even if it exceeds the amount of credit requested.
6. All terms of this application shall be governed by New Hampshire law. Any proceeding relating to this application or to sales made by Graham Tire and Auto, Inc. to applicant shall be brought only in a court of competent jurisdiction in New Hampshire.
7. I agree that all purchases made pursuant to this application shall be for business purposes only, and shall not be used or deemed sales made for personal, family, or household purposes.
8. This application may be assigned by Graham Tire and Auto, Inc. to any person or entity, and the applicants' and guarantors' obligations hereunder shall remain binding.

AMOUNT OF CREDIT REQUESTED PER MONTH

\$ _____.

DATE

APPLICANT'S SIGNATURE

TITLE

SOCIAL SECURITY NO.

DATE

APPLICANT'S SIGNATURE

TITLE

SOCIAL SECURITY NO.

TYPE OR PRINT NAME/NAMES OF APPLICANT(S)

IF A PARTNERSHIP, ALL PARTNERS MUST SIGN APPLICATION

NOTE: Return to the Branch Store where the majority of your purchases will be made.

BUSINESS COMMENTS:

1. WHERE WAS APPLICANT PREVIOUSLY EMPLOYED? _____
2. IF FLEET OR TRUCKER, GIVE NUMBER OF TRUCKS _____
3. DESCRIBE LOCATION _____
4. CONDITION AND AGE OF EQUIPMENT OR TRUCKS _____
5. BUILDING PROPERLY MAINTAINED? _____
6. HOW MANY PEOPLE EMPLOYED? _____
7. DELIVERIES: On OUR TRUCK ROUTE? ☐ YES ☐ NO

PERSONAL COMMENTS FROM BRANCH MANAGER or SALESPERSON _____

SALESPERSON'S NUMBER

BRANCH MANAGER

PERSONAL GUARANTY

The undersigned hereby personally and unconditionally guarantees to Graham Tire and Auto, Inc., (hereinafter called "the Corporation") the prompt payment when due of every claim which may hereafter arise in favor of the Corporation against the applicant. This is a continuing guaranty and shall remain in force until revoked by me in writing to the Corporation. Any such revocation shall be effective only as to claims of the Corporation which arise out of transactions entered into after the receipt of said notice of revocation by the Corporation. In the event of more than one (1) guarantor, liability shall be joint and several. This guaranty is given by the undersigned to induce the Corporation to extend credit to the applicant(s).

Date ____/____/____, Personally _____

Print Name

Date ____/____/____, Personally _____

Print Name