Credit Application for consideration of Net 30-Day Account with Kniesel's Auto Service Centers, hereafter referred to as "Creditor."

_____ _____

Name of Firm or Individual(s) How many years in business?

_____ _____

Physical Address Billing Address (*if different from physical*)

_____ ____ _____ _____ ____ _____

City State Zip City State Zip

(____) ____ **-** _____ **(____)** ____ **-** _____ _____

Phone Fax Email(s)

Ownership Type: ____ Corporation ____ Partnership ____ Individual ____ Other

Bank Reference:

_____ ____ _____

Bank Name State Zip

(____) ____ **-** _____ **(____)** ____ **-** _____

Phone Fax

Business References:

1._____ **2.**_____

Business Name Business Name

_____ _____

Address Address

_____ ____ _____ _____ ____ _____

City State Zip City State Zip

(____) ____ **-** _____ **(____)** ____ **-** _____ **(____)** ____ **-** _____ **(____)** ____ **-** _____

Phone Fax Phone Fax

_____ _____

Email Email

3._____ **4.**_____

Business Name Business Name

_____ _____

Address Address

_____ ____ _____ _____ ____ _____

City State Zip City State Zip

(____) ____ **-** _____ **(____)** ____ **-** _____ **(____)** ____ **-** _____ **(____)** ____ **-** _____

Phone Fax Phone Fax

_____ _____

Email Email

Credit Limit

Monthly Credit Amount Requested $_____

Authorization

_____

Name(s) of Person(s) authorized to make purchasing decisions.

Credit Terms

Net 30 Day Account: Balance of previous month's invoices will be due and payable to Creditor by the 10th of each subsequent month.

Service Charges:

For past due invoices, a late fee of 2% may begin to accrue at the end of each month. Such billing will be included in monthly statements and will become part of the principal obligation due to Creditor.

Accounts with invoices over sixty (60) days past due may be reviewed for changes to credit terms.

Accounts with invoices over ninety (90) days past due may be assigned to an attorney or appropriate agency for collection.

Acknowledgement:

We, the undersigned, certify that all of the information on this form is true and correct. We fully understand and agree to all terms of credit set forth by Creditor. We also authorize Creditor to process credit inquiries on references provided for the purpose of establishing credit with Creditor. Applicants signature attests financial responsibility and willingness to pay Creditor's invoices in accordance with the terms above.

X_____ _____

Signature Title

_____ _____ _____ _____

Home Address of Owner/Principal City State Zip

_____ ____ - ___ - _____ _____

Driver's License # SSN (optional) Date

Internal Use Only

Verification: Ref Ckd:_____ **Reference Results:**_____

Approved/Denied:_____ **Date:**_____