

Fleet Products
6510 Golden Groves Lane
Tampa, Florida 33610
(813) 621-1734 Fax (813) 626-2010

General Information

Applicant (Legal Name) _____
Name company will use on orders _____
Billing Address _____
City _____ State _____ Zip Code _____
Contact Name _____ Title _____ Phone _____
Fax _____
Proprietorship Partnership Corporation Business License No. _____
Business Since _____ Lease/Rent/Own _____ Federal Taxpayer ID No. _____
Resale No. _____

Owner, Partners or Corporate Officers (complete below)

Name _____ Title _____ SSN _____
Home Address _____
Driver License _____ State _____ Home Phone _____

Name _____ Title _____ SSN _____
Home Address _____
Driver License _____ State _____ Home Phone _____

Name _____ Title _____ SSN _____
Home Address _____
Driver License _____ State _____ Home Phone _____

Total Approx. Sales Per Year \$ _____ Est. Yearly Purchases \$ _____ Min. Initial Line Request \$ _____

Credit References: (please furnish complete information)

Firm Name & Contact _____ Phone _____
Address _____

Firm Name & Contact _____ Phone _____
Address _____

Firm Name & Contact _____ Phone _____
Address _____

Bank & Address _____ Phone _____
Checking Account No. _____ Saving Account No. _____

Bank & Address _____ Phone _____
Checking Account No. _____ Saving Account No. _____

BUSINESS FINANCIAL STATEMENTS

ATTACHED WILL BE SUBMITTED BY DATE: _____ REFUSED

APPROXIMATE VALUE OF YOUR INVENTORY
\$ _____

INVENTORY CONSISTS OF (DESCRIBE)

MAY WE CONTACT YOUR PRINCIPAL SUPPLIES, CREDIT, BANK REFERENCES AND CREDIT REPORTING AGENCIES ON ALL PRINCIPALS REGARDING THIS APPLICATION? YES NO

How much credit with Fleet Products do you expect to utilize?
Monthly \$ _____ Yearly \$ _____

Will you use a purchase order system?
 Yes No

Your Payments will be made
 Monthly by statement
 By invoice frequency? _____
 Other explain _____

Your Business Classification (Check one)

- Garage
- Service Station
- Car/Truck Dealership
- Fleet
- Construction
- Mass Merchandiser
- Government
- Body Shop
- Industrial
- Other/Misc
- Cash Only
- Employee

Tax Status for Purchase
 Taxable Exempt

Exemption Number _____
If Exempt please attach certificate.

Employees authorized to sign for merchandise
Applicant agrees to keep this list of authorized employees up-to date

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____

The undersigned applicant does hereby certify that the information given is correct and complete, and further agrees to permit Fleet Products to use the information to obtain additional required credit information including personal credit reports when personal guarantees are provided or sole proprietor or partnership style of business exist. If, after reviewing all credit information, this application is approved, it is agreed and understood by the undersigned and by Fleet Products that all purchases made on open account will be PAID IN FULL on or before the 20th of the month following the date of purchase. No unpaid account will be increased after the 30th, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due, will be assessed a finance charge on the unpaid portion at the applicable monthly rate until such time as the account has been brought current. In the event this account is placed in for collection in the hands of an attorney I and/we agree and promise to pay for the cost of collect and/or reasonable attorneys' fees. Venue for suit will be proper in Hillsborough County.. A signed fax copy of this document will be accepted as the original and be binding on all parties.

The undersigned agrees to assume the full responsibility of charge purchases made on the account by any of the applicant's employees listed above, or as from time to time revised. In consideration of the credit extended hereunder, the undersigned (who if two or more in number shall jointly and severally be liable) hereby unconditionally guarantee(s) full payment of the account.

COMPANY _____ AUTHORIZED SIGNATURE _____

DATE _____

PERSONAL GUARANTEE

In consideration of credit being extended by Fleet Products to the above named applicant the undersigned guarantor or guarantors each hereby contract and guarantee to Fleet Products the faithful payment, when due of all monies owned by the above named applicant. In the event this account is placed for collection in the hands of an attorney I and/or we agree and promise to pay for the cost of collection and/or reasonable attorneys' fees.

SIGNED _____ SIGNED _____

PRINT NAME

PRINT NAME