

Gotta Lube, Inc.

CREDIT APPLICATION & AGREEMENT

Gotta Lube CORPORATE OFFICE: PO BOX 339 KENT WA, 98035-0339 Phone: 253.872-6175 Fax: 253.872-6176

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION BELOW

COMPANY INFORMATION		
Legal Company Name:		
DBA or Business Name:		
Contact Person	Title	Federal ID # & UBI #
Mailing Address		
Physical Address		
Company Phone Number:	Fax Number:	Company Email:
Gross Annual Sales \$	Total Assets	Total Liabilities
Number of Employees:	How Long has Company been in Business:	DO YOU REQUIRE A P.O.? PLEASE CIRCLE: YES NO CAN WE E-MAIL YOUR MONTHLY STMTS? YES NO Please help us pass savings to you by ensuring your employees turn in invoice copies. We will mail or e-mail copies upon request. Thank you! Type of Organization: Circle One: Proprietorship S Corp C Corp Partnership LLC Other – Specify _____ Approved applicants receive an automatic 10% discount! We reserve the right to discontinue discounts for past due accounts.
Mortgage Holder or Landlord:		
Contact person: Phone #:		
Has the Firm or any of its Principals ever filed bankruptcy? If yes, explain:		
Briefly describe the nature of your business and related previous business ventures:		
Internal Office Use Only: Date Opened _____ Credit Limit _____		
Notes:		
AUTHORIZED OFFICER/COMPANY APPLICATION		
Authorized Officer must be one of the following or have an ownership interest in the company. President/Chairman Vice President Treasurer Owner/Proprietor Partner Member		
Name of Authorized Officer/Owner(s):		
Title: AND Social Security #:		
Home Address (Physical):		
Signature of Authorized Officer Applicant:		
LIST NAMES AND TITLE(S) OF CORPORATE OFFICES, PARTNERS, OWNER		
Name/Title/Home Address/Zip Code/ % of Ownership/Soc. Sec. #		
1. _____		
2. _____		
3. _____		
BUSINESS INFORMATION		
How long in business? _____ How long at present address? _____		
Estimated monthly purchases \$ _____ Accounts Payable contact _____		
TAX INFORMATION		
Sales Tax Exemption (Resale Certificate Required) NO EXEMPTIONS WILL BE GIVEN WITHOUT THE REQUIRED DOCUMENTS, Please provide Resale Certificate if required.		

TRADE REFERENCES
Name Address/Zip Code Area Code/Phone
1. _____
2. _____

BANK REFERENCES

Name /Branch Address/Zip Code Account # Checking, Savings or Loan

Individual at bank whom we may contact:

CUSTOMER AGREEMENT PAYMENT TERMS: – NET/30

The terms and conditions of this application shall, upon extension of credit by Gotta Lube, Inc. constitute an agreement of sale. If Gotta Lube, Inc. agrees to extend credit to the applicant, herein referred to as the Applicant, the Applicant, agrees as follows: The term Credit Limit is defined as the maximum amount in which the applicant can charge but agrees to repay within the stated terms of this agreement. The application must be signed by an Authorized Officer, Partner, Member or Proprietor of the Business, hereafter referred to as the (“Authorized Officer”) who has an ownership interest in the business with authority to bind the business to the terms of the application. The Applicant authorizes Gotta Lube, Inc. to investigate, obtain, and exchange reports and information regarding this application and resulting account with credit reporting agencies. Applicant further agrees that if an account is opened in response to this application, and if the Authorized Officer signs the application, then the business and the Authorized Officer will be jointly and severally liable for all charges and account balances. By signing this application as the Authorized Officer, I acknowledge that I have read and fully understand the terms and conditions of this agreement. A late charge of 1.5% per month (18% per annum) will be charged on delinquent balances. If Gotta Lube, Inc. employs an attorney or incurs expenses to compel payment of the Agreement or any portion of the indebtedness evidenced hereby or to compel the curing of any default hereunder, including expenses incurred by Gotta Lube, Inc., applicant promises to pay reasonable attorney’s fees, cost and expenses incurred and further agrees to pay all collection costs, including attorney fees and court cost in case it is necessary to take legal action to collect past due account balances. If this account is placed in the hands of a licensed collection agency, Applicant then agrees to pay Gotta Lube, Inc. an amount equal to the amount charged on said collection by such collection agency, not exceeding, (35%) of the amount unpaid thereon, together with such reasonable attorney fees as may be incurred in connection with the collection. Applicant certifies that all the information on this application is correct and that Applicant fully understands our credit terms and agrees to the proper payment in consideration of credit extended. Furthermore, Applicant authorizes Gotta Lube, Inc. to investigate our credit history, bank references and any other information deemed necessary to extend credit. This agreement shall remain in force until written notice of revocation is received by Gotta Lube, Inc. Applicant agrees to the provisions contained in the agreement each time Applicant uses the account or authorizes use thereof.

Oral agreements or oral commitments to loan money extend credit, or to forbear from enforcing repayment of a debt is not enforced under Washington law.

I have read this Application and Agreement and agree with its terms on behalf of the Applicant.

Print Business Name: _____

By: _____ Title: _____

Date: _____ Authorized Officer’s/Owner’s Printed Name: _____

Printed Name: _____

Signature: _____ Date: _____

(Personally AND Individually)