



410 LEES MILL ROAD  
 FOREST PARK, GEORGIA 30297  
 TELEPHONE 404-767-3235  
 FAX 404-201-7639

**\*\*Please Email to [corpatcar@actiontire.com](mailto:corpatcar@actiontire.com) or Fax to 404-201-7639\*\***

**CREDIT APPLICATION**

SALESPERSON: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ARE YOU LOCATED IN THE CITY LIMITS: YES OR NO

ARE YOU LOCATED IN A POLICE JURISDICTION: YES OR NO

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BUSINESS IS: CORPORATION ( ) PARTNERSHIP ( ) INDIVIDUAL ( )  
 GOVERNMENT ( ) LLC ( ) LLP ( ) SOLE PROPRIETORSHIP ( )

HOW LONG IN BUSINESS? \_\_\_\_\_ DO YOU OWN BLDG? \_\_\_\_\_

IF DRIVER, WHO ARE YOU LEASED TO: \_\_\_\_\_

CORPORATION: FEDERAL ID# \_\_\_\_\_

INDIVIDUAL / PARTNERSHIP SS # \_\_\_\_\_

AMOUNT OF CREDIT DESIRED? \_\_\_\_\_ ANTICIPATED YEARLY VOLUME: \_\_\_\_\_

INVOICE DELIVERY METHOD: FAX EMAIL

FAX # / EMAIL ADDRESS: \_\_\_\_\_



DO YOU REQUIRE PURCHASE ORDERS? YES OR NO

PURCHASE ORDER CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

TAX-EXEMPT? YES OR NO SALES TAX EXEMPTION#: \_\_\_\_\_

IF YES PLEASE ATTACH COPY OF EXEMPTION CERTIFICATE.

SPECIFIC INFORMATION REQUIRED ON INVOICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MAJOR CREDIT REFERENCES

NAME	ACCOUNT #	TELEPHONE#
_____	_____	_____
BALANCE DUE	FAX NUMBER	CONTACT

NAME	ACCOUNT #	TELEPHONE#
_____	_____	_____
BALANCE DUE	FAX NUMBER	CONTACT

TIRE SUPPLIER NAME	ACCOUNT #	TELEPHONE #
_____	_____	_____
BALANCE DUE	FAX NUMBER	CONTACT

BANK	BRANCH
_____	_____
CHECKING ACCOUNT #	LOAN #
_____	_____
CONTACT	TELEPHONE:
_____	_____



**NAMES OF OFFICERS /OWNERS:**

_____ NAME	_____ TITLE	_____ % OF OWNERSHIP
_____ STREET	_____ CITY	_____ ST/ZIP
_____ SOCIAL SECURITY #	_____ HOME PHONE	
_____ FORMER / PRESENT AFFILIATED COMPANIES		
_____ HOW RELATED		
_____ PENDING LITIGATION	_____ IF YES / DETAILS	
_____ BANKRUPTCY FILED	_____ IF YES / DATE, CITY & STATE OF FILING	

_____ NAME	_____ TITLE	_____ % OF OWNERSHIP
_____ STREET	_____ CITY	_____ ST/ZIP
_____ SOCIAL SECURITY #	_____ HOME PHONE	
_____ FORMER / PRESENT AFFILIATED COMPANIES		
_____ HOW RELATED		
_____ PENDING LITIGATION	_____ IF YES / DETAILS	
_____ BANKRUPTCY FILED	_____ IF YES / DATE, CITY & STATE OF FILING	



The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of law, under jurisdiction of the State of Georgia courts and that venue in any such action shall be in the County of Clayton.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of Action Tire Credit Manager.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
FULL COMPANY NAME

\_\_\_\_\_  
BY

\_\_\_\_\_  
TITLE



**Individual Personal Guaranty**

\_\_\_\_\_

Date

I, \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ for and in consideration

of your extending credit at my request to \_\_\_\_\_

(hereinafter referred to as the "Company"), of which I am \_\_\_\_\_

Hereby personally guarantee to you the payment at \_\_\_\_\_ if any

obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may

become due to you by the Company whenever the Company shall fail to pay the same. It is understood that

this guaranty shall be a continuing and irrevocable guaranty and indemnity of such indebtedness of the

Company. I hereby waive notice of default, non-payment and notice thereof and consent to any modification

or renewal of the credit agreement hereby guaranteed.

\_\_\_\_\_

Signature

\_\_\_\_\_

Name Printed

\_\_\_\_\_

Witness

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### PERSONAL GUARANTEE

THE UNDERSIGNED APPLICANT DOES HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT, AND FURTHER AGREES TO PERMIT ACTION TIRE COMPANY TO USE THIS INFORMATION TO OBTAIN ADDITIONAL REQUIRED INFORMATION THROUGH A CERTIFIED CREDIT BUREAU. IF, AFTER REVIEWING ALL CREDIT INFORMATION, THIS APPLICATION IS APPROVED, IT IS AGREED AND UNDERSTOOD BY THE UNDERSIGNED AND BY ACTION TIRE COMPANY THAT THE PURCHASES MADE ON THE OPEN ACCOUNT WILL BE PAID IN FULL WITHIN 30 DAYS FOLLOWING THE DATE OF PURCHASE. ANY ACCOUNT WHICH HAS A PAST DUE BALANCE AT THE END OF THE MONTH IN WHICH PAYMENT IS DUE, WILL BE ASSESSED A FINANCE CHARGE OF 1 ½ % PER MONTH ON THE UNPAID PORTION AT THE APPLICABLE MONTHLY RATE UNTIL SUCH TIME AS THE ACCOUNT HAS BEEN BROUGHT TO CURRENT. IN THE EVENT OF A SUIT TO COLLECT, THE UNDERSIGNED AGREES TO PAY INCLUDING (WITHOUT LIMITATION) 15 % ATTORNEY FEES AND COURT COSTS. THE UNDERSIGNED AGREES TO PAY CHARGED PURCHASES MADE ON THE ACCOUNT AND SIGNED FOR BY THE APPLICANT'S EMPLOYEES. IN CONSIDERATION OF THE CREDIT EXTENDED HEREUNDER, THE UNDERSIGNED (WHO IF TWO OR MORE IN NUMBER SHALL JOINTLY AND SEVERELY BE LIABLE) HEREBY UNCONDITIONALLY AND PERSONALLY GUARANTEE (S) FULL PAYMENT OF THE ACCOUNT. THE UNDERSIGNED AGREES AND UNDERSTANDS THE TERMS OF THIS ACCOUNT. IF AT ANY TIME THE ACCOUNT BECOMES PAST DUE ACTION TIRE COMPANY WILL PUT THE ACCOUNT ON C.O.D. UNTIL THE ACCOUNT HAS BEEN PAID IN FULL.

I UNDERSTAND THE TERMS OF ACTION TIRE COMPANY ARE NET 30 DAYS AND AGREE TO ABIDE BY THESE TERMS.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CORPORATE OFFICER

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
INDIVIDUAL GUARANTOR SIGNATURE