



Dear Applicant,

Lane Automotive/Motor State Distributing would like to thank you for contacting us. We are pleased that you have chosen us to be your performance warehouse, and we are looking forward to providing you with the finest quality products and service.

In order to promptly process your account, we ask that you take a few moments to completely fill out and sign this application if you wish to acquire C.O.D. Check Approval or Open Account Terms. The application constitutes a contract between you and Lane Automotive and your signature indicates that you agree with the terms contained therein.

It is extremely important that the form is completely filled out. We conduct our credit inquiries through credit bureaus, via mail or fax, so please be sure to include all mailing addresses, phone numbers and fax numbers for your references. It is impossible for us to process an incomplete application.

When the application is completely filled out, return it to us by mail. Remember, this is a legal contract; therefore, the contract with original signatures is required before any changes regarding payment terms can be applied to your account.

Thank you for your cooperation, and if you should have any questions, please feel free to call me at (269) 463-0214.

Sincerely,

Carol Spoerl

Carol Spoerl
Credit Manager

Credit Application



Information provided will be relied upon for the determination of establishing your credit status with Lane Automotive/Motor State Distributing. Please use dark ink only.

Business Name _____

Phone _____ Fax _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address (if different) _____

City _____ State _____ Zip _____

Applicant is a (mark one):

Corporation, Date: _____ LLC, Date: _____ Partnership, No. Of Yrs: _____ Sole Proprietorship, No. Of Yrs: _____

Number Of Employees _____ Anticipated Yearly Sales _____ Federal Tax I.D. No. _____

Financial Statements Available / Attached

Terms Requested: Open Terms - Credit Line Per Month \$ _____ -OR- C.O.D. Acceptance of Co. Check

Name(s) Of Principal(s), Title(s) And Social Security Number(s)

1. Name _____ Title _____ SSN _____

2. Name _____ Title _____ SSN _____

3. Name _____ Title _____ SSN _____

P.O. Required? Yes No

Authorized Buyer _____ E-mail _____

Accounts Payable _____ E-mail _____

Invoice copies will be E-mailed. Please provide the appropriate e-mail address(s): _____

A packing slip will be included with your package.

Business References

Bank References:

1. Name _____ Phone _____ Fax (Required) _____

Account Number _____ Account Number _____ Account Number _____

Vendor References:

1. Name _____ Phone _____ Fax (Required) _____

2. Name _____ Phone _____ Fax (Required) _____

3. Name _____ Phone _____ Fax (Required) _____

4. Name _____ Phone _____ Fax (Required) _____

5. Name _____ Phone _____ Fax (Required) _____

I (we) have completed this application to obtain acceptance of company check and/or credit, and certify that all statements contained thereof are true and correct. I (we) agree that credit inquires may be made by contacting references or the credit bureau and authorize the release of such information to you. I (we) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. TERMS: Net Due By the Tenth. All accounts are totaled and statements produced on the twenty-sixth of each month, goods purchased on or before the twenty-fifth are due the following tenth. I (we) also understand and agree that credit grantor may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (we) also agree, in the event of default, to pay reasonable collection charges, attorney fees, NSF fees, and court costs where applicable. **I/We have read and fully understand the above.**

Date _____ Name Of Business Owner (Printed) _____

Name Of Business Owner (Signature)

Original Signature (hand written) Is Required. Please Type Your Info, Print Out, Sign and Date. Then Mail to us using information below. You may fax the form to us, but **we must have the original for completion.**

