

**PARTS \$\insertarrow\$PLUS** Distribution Center

BUSINESS OFFICES: 129 Manchester Street, P.O. Box 504, CONCORD, NH 03302-0504 Tel 603-225-4000 Fax 603-226-0479 IMPORTANT: ALL fields listed below must be filled in. Applications with improper and inadequate information will be returned to the applicant.

ORIGINAL ( ) RENEWAL ( )

APPLICATION TYPE: CREDIT (	) CASH	( ) STATEMENT	FREQUENCY: MONTHL	Y() WEE	KLY()	
SANEL / ASA REPRESENTATIVE YO	U ARE DE	ALING WITH				
SANEL STORE LOCATION CLOSEST TO YOU(					ASA CHECK HERE)	
Registered Legal Name of Business						
Street		City	State	Zip		
Tel ()	Fax (	()	Cell ()			
Email						
Type of Business (Check one): Sole Pr	oprietor (	) Partnership ( )	Corporation ( ) LLC (	) Municipa	lity ( )	
Do you require a purchase order? Yes	s() N	lo ( ) How lor	ng in business?	years	months	
Tax Exempt? Yes ( ) No ( ) If	yes, pleas	e include tax exempt	certificate / Appropriate sta	ate form		
Ever filed for bankruptcy? Yes ( ) No	` '	·	•			
Send my statements via email? Yes (	) No (	) Email an invoice	copy at the point of sale?	Yes ( )	No ( )	
Primary Contact for Accounts Payable		Email Address		Telephone		
Other Contact (Service Writer/Shop Forema	n etc.)					
Owner's name		Home Address (Street, City, State, Zip)		Telephone		
LIST "SHIP TO" ADDRESSES (attach a Location Name	ddendum if n	eeded): Street	City	State	Zip	
Bank References:						
Business Checking	Bank Address			Account #		
Personal Checking_			Account #			
Trade References:		Address		Telephone		

- Terms are 2% if paid in full by the 10th of the following month or net 30 (unless otherwise agreed). A monthly charge of 1-1/2% will be levied on all amounts 30 days past due from the due date, including on accrued and unpaid interrest (18% per annum).
- 2. I agree to pay my account in full each month or as otherwise agreed with Sanel / ASA and to pay Sanel / ASAall expenses Sanel / ASA incurs in connection with its extension of credit to me, including Sanel / ASA's reasonable attorney's fees. If any legal action is required to collect any sums due Sanel / ASA from the applicant(s) or guarantor(s) if a lawsuit is filed, I agree that interest will accrue at all times at the interest rate set forth above and not the statutory rate until payment is made in full.
- 3. I hereby authorize any bank, financial institution or other company listed above and any credit reporting agency to release any information requested by Sanel / ASA in their credit investigation process. This authorization shall continue so long as any amounts owed are due and unpaid, specifically permitting Sanel / ASA to receive credit information about the applicant or guarantor at any time to aid in consideration of continuing or extending credit or in collecting any sums due.

Date

- 4. I agree that this account is unrerstricted unless I notify Sanel/ASA in writing to the contrary requiring the use of the purchase orders. I further understand that any restrictions on this account can be honored at one location, to which the account has been assigned.
- I agree to be liable for the full balance due on this account, even if it exceeds the amount of credit requested.
- 6. All terms of this application shall be governed by New Hampshire law. Any proceeding relating to this application or to sales made by Sanel / ASA to applicatnt shall be brought only in a court of competent jurisdiction in New Hampshire.
- 7. I agree that all purchases made pursuant to this application shall be for business purposes only, and shall not be used or deemed sales made for personal, family, or household purposes.
- This application may be assigned by Sanel / ASA to any person or entity, and the applicants' and guarantors' obligations hereunder shall remain binding.

TITLE

\$\_\_\_\_\_
TITLE SOCIAL SECURITY NO.

SOCIAL SECURITY NO.

AMOUNT OF CREDIT REQUESTED PER MONTH

## IF A PARTNERSHIP, ALL PARTNERS MUST SIGN APPLICATION

APPLICANT'S SIGNATURE

PRINT NAME

APPLICANT'S SIGNATURE

PRINT NAME

NOTE: Return this application to the Branch Store where the majority of your purchases will be made

## **PERSONAL GUARANTEE**

The undersigned hereby personally and unconditionally guarantees to Automotive Supply Assoicates Inc. and/or Sanel Auto Parts, Inc, (hereinafter called "the Corporation") the prompt payment when due of every claim which may hereafter arise in favor of the Corporation against the applicant. This is a continuing guaranty and shall remain in force until revoked by me in writing to the Corporation. Any such revocation shall be effective only as to claims of the Corporation which arise out of transactions entered into after the receipt of said notice of revocation by the Corporation. In the event of more than one (1) guarantor, liability shall be joint and several. This guaranty is given by the undersigned to induce the Corporation to extend credit to the applicant(s).

// DATE		, Personall
	Print Name	
// DATE		, Personall
	Print Name	