

LC 0/b/a NAPA Auto Pari	IS( ECOIOIAINA IIIAOITIII	ERY")   Can be submitted to AR@NAI	ALMO:COM			
GENERAL INFORMATIO	ON: Please print or type c	omplete application for processing.	Sale	es Rep:		
Applicant's Name		Trade Name	e (or DBA)	Existing Cus	Existing Customer  Yes  No	
Physical Address						
	Street	City	State	Zip	County	
Billing Address	Street or P.O. Box	City	State	Zip	County	
Business Phone		Mobile / Pager		•	•	
VP Contact				E-mail		
		Phone				
Parts Contact				E-mail		
		Business Start Date				
		☐ Corporation ☐ General Part	tnership 🔲 L.L			
las the business or any pri	ncipal ever declared bank	ruptcy? 🗌 Yes 🔲 No	•	oyees	•	
f yes, date filed			Purchase	Order Number Require	d 🗌 Yes 🗌 No	
are there any outstanding li	ens or judgments? $\square$ Ye		_			
ederal ID Number		Sales Tax Exempt  Yes	☐ No (If yes, plea	ase attach copy of exen	nption certificate)	
		Contact Name				
nsurance Company		Contact Name		Phone #		
FINANCIAL INFORM	ATION: Additional fire	nancial information may be reque	sted and is requ	ired for exposure o	ver \$250,000	
BANK/FINANCE CO. RI Institution Name	EFERENCE: Account #	Contact Phone		-	ngs: Loan:	
BANK/FINANCE CO. RI Institution Name 1)	EFERENCE: Account #			Checking: Savi	ngs: Loan:	
Institution Name  1) 2)	EFERENCE: Account #	Contact Phone	e # 	Checking: Savi	ngs: Loan:	
Institution Name  Institution Name  Institution Name  Institution Name  Institution Name	Account #  Contact	Contact Phone Address (Include City, State,	e # 	Checking: Savi (Please provide cu	ngs: Loan: rrent balance)	
Institution Name  Institution Name  Institution Name  Institution Name  Institution Name  Institution Name	Account # Contact	Contact Phone Address (Include City, State,	e # 	Checking: Savi (Please provide cu	ngs: Loan: rrent balance)	
Institution Name  (1) (2) (2) (RADE REFERENCE: (1) (2)	Account #  Contact	Contact Phone Address (Include City, State,	e # & Zip)	Checking: Savi (Please provide cu	ngs: Loan: rrent balance)	
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Institution Name  Institution	Account #  Contact	Contact Phone Address (Include City, State,	e# & Zip) <b>h additional she</b>	Checking: Savi (Please provide cu  Telephone #	ngs: Loan: rrent balance) Account #	
Institution Name Instit	Contact	Address (Include City, State,  INCIPALS / GUARANTORS: attac  Birth date Hon	e# & Zip) <b>h additional she</b>	Checking: Savi (Please provide cu  Telephone #  ret if necessary  SS #  W Ownershi	ngs: Loan: rrent balance)  Account #	
Institution Name  1)  2)  FRADE REFERENCE:  1)  PERSONAL INFORMAT  Name / Title  Home Addr  Annual Income \$  Name / Title	Account #  Contact  TION ON OWNER / PR	Contact Phone Address (Include City, State, Birth date Hon	e # & Zip)  h additional she	Checking: Savi (Please provide cu  Telephone #  Pet if necessary  SS #  W Ownershi  SS #	ngs: Loan: rrent balance)  Account #	
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Institution Name  1)	Contact  Contact  SIGNATURE O th other person signing be ich information to any partireaus and other creditors	Address (Include City, State,  INCIPALS / GUARANTORS: attac  Birth date  Hon  Birth date  Hon	& Zip)  th additional she  ne Ph.  TORIZED OFFICE ed herein or in conunct whether herein or publease any credit / i	Checking: Savi (Please provide cu  Telephone #  Telephone #  SS # % Ownershi  SS # % Ownershi  ER / PARTNER nection with this applica ursuant to a subsequen inancial information cor	p  tion is true and correct application or requestioned applicant or second.	
Institution Name  1)	Contact  Contact  SIGNATURE O  th other person signing be ch information to any partireaus and other creditors personal credit bureaus in	Address (Include City, State,  Address (Include City, State,  Birth date Hon  Birth date Hon  FOWNER / PRINCIPAL OR AUTH  Blow warrants that the information provide year on may provide credit to applicant, we, all of whom are hereby authorized to re	& Zip)  h additional she  ne Ph.  PORIZED OFFICE ed herein or in convhether herein or plelease any credit / fliate, and to share a	Checking: Savi (Please provide cu  Telephone #  Pet if necessary  SS #  % Ownershi  SS #  % Ownershi  ER / PARTNER nection with this applica ursuant to a subsequen inancial information cor ill such information with	p  tion is true and correct application or requese each other.	

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact:

within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days from receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Protection Act. The Federal agency that administers compliance with the laws concerning this Lender is the FTC Regional Office for the region in which the Lender operates, or The Federal Trade Commissions, Equal Credit Opportunity, Washington, DC 20580

## **TERMS OF SALE**

In consideration of the extension of credit by Louisiana Machinery Company, L.L.C. ("Louisiana Machinery") to Applicant, Applicant agrees to pay Louisiana Machinery interest on all invoices not paid within thirty (30) days of invoice date with interest to accrue until such time as the invoice is paid in full. Applicant recognizes and acknowledges that the current rate of interest charged by Louisiana Machinery on outstanding invoices is 1.5% per month and that this interest is subject to adjustment by Louisiana Machinery without further notice to the undersigned. Applicant acknowledges that Louisiana Machinery may do business as NAPA Auto Parts.

In the event it should become necessary to refer this account to an attorney for collection, Applicant agrees to pay all costs, including but not limited to court costs, incurred by Louisiana Machinery relating to the collection of this account and agrees to pay attorney's fees equal to 25% of the amount due.

A photocopy or facsimile of this Application will be legally admissible under the "best evidence rule." A signed copy of this Application and/or any related document sent by electronic means shall be treated as an original document and shall be admissible as evidence thereof, and all signatures thereon shall be binding as if manual signatures were personally delivered.

Signed			

## **GUARANTY AGREEMENT**

In consideration of Louisiana Machinery doing business with and/or giving credit to Applicant, I hereby guarantee to Louisiana Machinery the prompt payment of all debts and liabilities (whether direct, indirect, contingent, or unsecured) which Applicant may now or at anytime or times hereafter owe or be liable to pay Louisiana Machinery. The liability of the undersigned shall be on a solidary basis with Applicant and any other guarantor. This shall be a continuing unconditional personal guaranty and obligates me with and to the same extent as Applicant. The undersigned expressly waive(s) notice of acceptance of this guaranty, promptness, presentment, demand, protest, and notice of dishonor of any obligations hereby guaranteed. Each of the undersigned renounce as to each other the benefit of division and discussion. This guaranty shall be a continuing guaranty and shall remain in full force and effect until terminated by thirty (30) days written notice to Louisiana Machinery but such termination shall not affect or impair guarantor's liability hereunder at the time of such termination. Any notice of termination must be sent by certified mail to Louisiana Machinery in Reserve, Louisiana.

Reserve, Louisiana.			
This guaranty is executed by the sign	atory as an individual.		
Guarantors			
Individual Signature	Printed Name	Date	
Individual Signature	Printed Name	Date	