



512 GREENVILLE AVE.
 P. O. BOX 2246
 STAUNTON, VA 24402-2246

STORE USE ONLY	
BR # & BR Name	<input type="text"/> <input type="text"/>
Manager Approval	_____

CREDIT APPLICATION

AGREEMENT: The information contained in this application is submitted as a basis for consideration of credit extension by Fisher Auto Parts, Inc. (FISHER) subject to the following terms and conditions:

- Submitted applications become the property of FISHER to be used in investigating and verifying applicant's credit and financial responsibility. All applications will be treated in strictest confidence.
- All purchases are payable in full upon receipt of the monthly billing statement. Any balance remaining unpaid after 30 days from the statement date will incur a late charge not exceeding the lawful rates established by the state in which the purchase was made, as shown in the chart on the reverse side.
- Applicant assumes full responsibility for and agrees to pay the total amount of all obligations arising from merchandise or services received together with all collection costs and expenses including reasonable attorney's fees, suit fees or court costs incurred.

BASIC INFORMATION			
NAME OF BUSINESS		TYPE OF BUSINESS	TELEPHONE NUMBER(S)
PHYSICAL STREET ADDRESS		CITY / STATE / ZIP	
MAILING ADDRESS		CITY / STATE / ZIP	
PARENT COMPANY and ADDRESS	YEAR BUSINESS STARTED	COUNTY/STATE OF ORGANIZATION	FEDERAL TAX ID#
LEGAL ENTITY OF FIRM (Check One)			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP			
INFORMATION ON OFFICERS, PARTNERS OR OWNERS			
NAME	TITLE	HOME ADDRESS	HOME PHONE #
CREDIT REFERENCES (MUST LIST 3 ACCOUNTS)			
NAME	ACCOUNT NO.	STREET ADDRESS / CITY / STATE / ZIP	PHONE# / FAX#
BANK ACCOUNTS			
NAME	ACCOUNT NO.	STREET ADDRESS / CITY / STATE / ZIP	PHONE# / FAX#
BILLING INSTRUCTIONS			
TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, A TAX EXEMPT FORM <u>MUST BE ATTACHED</u>)		PURCHASE ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT OF CREDIT REQUIRED MONTHLY? _____		PAY BY <input type="checkbox"/> INVOICE or <input type="checkbox"/> STATEMENT	
SIGNATURE OF OFFICER, PARTNER OR OWNER	PRINTED NAME	TITLE	DATE
PLEASE SUBMIT FINANCIAL STATEMENT IF AVAILABLE			
FOR FISHER OFFICE USE ONLY			
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	C/L	DATE	BY:
ACCOUNT NO.	REMARKS:	PP: _____	AD: _____



512 GREENVILLE AVE.
 P. O. BOX 2246
 STAUNTON, VA 24402-2246

Phone: (540)885-8901
 Fax: (540)213-8289

Date: _____

GUARANTEE

In consideration of Fisher Auto Parts, Inc., herein after called "Fisher", extending credit to _____, herein after called "Customer", for the purchase of products sold by Fisher, the undersigned does hereby unconditionally guarantee the performance and payment of the full indebtedness incurred by the Customer to Fisher, together with all cost, expenses and attorney fees incurred by Fisher in connection with default of Customer.

Any liability of the undersigned hereunder shall not be affected by or shall it be necessary to procure the consent of the undersigned or give any notice in reference to any indulgence, compromise, settlements, extensions or variations of terms of any obligation affected with or the discharge or release of any obligation of the customer by operations of law or otherwise.

The undersigned hereby does expressly waive and dispense with notice of acceptance of the guarantee, notice of non-payment or non-performance, notice of amounts of indebtedness outstanding at anytime, protests, demands, prosecutions of collections, foreclosure and possessory remedies.

This is a continuing guarantee and shall remain in full force and effect until receipted by Fisher at its office located at 512 Greenville Avenue, Staunton, Virginia 24401, of written notice by the undersigned terminating or modifying same, provided, however that such notice shall not operate to release the undersigned from any liability hereunder with respect to any obligation prior to Fisher actual receipt of such notice.

The obligation of all parties signing this guarantee, where more than one, shall be joint and several.

This guarantee shall bind and inure to the benefit of the heirs, administrators, successors and assign of the undersigned and Fisher, respectively.

This Guaranty of Payment, if entered into by an officer of the customer, is the personal obligation of each of the undersigned in his or her individual capacity.

The Applicant and each of the undersigned individuals expressly authorizes Fisher to obtain credit information regarding them from the credit references identified on this Application and any external credit reporting source selected by Fisher. Fisher reserves the right to suspend or deny the extension of credit to the Applicant at any time and for any reason.

STATE	INTEREST RATE PER MONTH
DE	2.0%
IL	1.5%
IN	1.5%
KY	1.5%
MA	1.5%
MD	2.0%
MI	1.5%
MO	1.5%
NH	1.5%
NY	1.5%
NC	1.5%
OH	1.5%
PA	1.5%
RI	1.75%
TN	1.5%
VT	1.5%
VA	2.0%
WV	1.5%

 First and Last Name of Individaul Guarantor

 Home Street Address of Individaul Guarantor

 City, State, Zip of Individaul Guarantor

 Signature of Individaul Guarantor