



# Dealer Application

How Applied: Phone  In Person  Mail  Fax  Spoke With: \_\_\_\_\_

Line of Credit Requested \$ \_\_\_\_\_ Present Balance \$ \_\_\_\_\_ Date: \_\_\_\_\_

Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address \_\_\_\_\_ For Past \_\_\_\_\_ Years  
(Street) (City) (State) (Zip)

Shipping Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

DBA: \_\_\_\_\_ FEDERAL TAX I.D. NUMBER \_\_\_\_\_

Former Business Address (If Applicable) \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How Long in Business? \_\_\_\_\_

Does State, County or City require a License? Yes  No  If YES, License# \_\_\_\_\_

**OWNERSHIP:**  Sole Owner  Partnership  Corporation

PRINCIPLE: \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

PRINCIPLE: \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

PRINCIPLE: \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

PRINCIPLE: \_\_\_\_\_  
(Name) (Title) (SS#) (Home Address)

TRADE REFERENCES (Name Suppliers of major products and services.)

NAME	ADDRESS/PHONE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BANK REFERENCES:  Checking  Loan  Savings

\_\_\_\_\_  
(Name) (Address) (Acct #) (Contact)

Number of Employees \_\_\_\_\_ Est. Annual Sales \$ \_\_\_\_\_ Sales Area \_\_\_\_\_

Has the firm or any of it's Principals ever been bankrupt? Yes  No

If YES, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Mortgage Holder/Landlord \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

After Market Products Credit Application - Continued

**OTHER BUSINESS DEBTS**

NAME	ADDRESS	BALANCE DUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to Contact About Account \_\_\_\_\_ Title \_\_\_\_\_

Type of Credit Agreement _____ _____
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**The undersigned will/will not submit a financial statement. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit.**

**As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.**

\_\_\_\_\_  
(Name) (Title) (Name) (Title)

\_\_\_\_\_  
(Name) (Title) (Name) (Title)

**PERSONAL GUARANTEE**

In consideration of credit being extended by **AFTER MARKET PRODUCTS, INC.** to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to **AFTER MARKET PRODUCTS, INC.**, the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor of applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantor of dishonor or default by applicant or with respect to any security held by \_\_\_\_\_ extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT DEPARTMENT USE ONLY**

**Approved**      **Denied**      Date: \_\_\_\_\_      By: \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAX Upon Completion To: 360-825-6512**  
**1751 Garrett Street Suite A Enumclaw WA 98022 Phone: 360-825-6500**  
**www.aftermarketproducts.com**