

TRACTION - APPLICATION FOR CREDIT



WRHSE: _____ Store Group Name: _____ Store # _____

Please Print or Type **FAX or EMAIL COMPLETED FORM(S)**: ATTN: DEBBIE ESTEP-FAX #: (770) 956-2213 / EMAIL: debbie_estep@genpt.com

Parent Company Name			
D/B/A (Show Company Local Business Name)			Date Business Started (M/Y)
Billing Street - Address		City	State Zip + 4
Contact Regarding Payment Telephone No.		Name Title	Fax # () -
Ship To Street Address (If Different From Billing Address)		City	State Zip + 4
Payment will be made from (Address) - Street		City	State Zip + 4

Company Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Other		Business Property is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Corporation's Local Manager or Representative (Name)		Telephone # () -	
Corporate Officers or Partner's (Name and Home Address)		Home <input type="checkbox"/> Own <input type="checkbox"/> Rent () -	
1.		<input type="checkbox"/> Own <input type="checkbox"/> Rent () -	
2.		<input type="checkbox"/> Own <input type="checkbox"/> Rent () -	
Proprietorship Owner (Name and Home Address) - Street/City/State/Zip		<input type="checkbox"/> Own <input type="checkbox"/> Rent () -	
Proprietorship Nearest Relative Not at Above Address (Name and Address)		() -	

Do you have any other existing accounts with Genuine Parts Company?				Account #	Location
Credit References Past and Present - Street Address		City	State	Zip + 4	() -
1.					() -
2.					() -
3.					() -
Bank Reference (Bank Name)	Branch	Type Account	Account #	Loan Officer	

Monthly Purchase Volume \$	Will you use a purchase order system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Status for Purchases from Traction <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt Exemption ID# _____	If exempt, you must attach completed exemption form.

As an owner or principal officer of the business applicant (the "Company") and/or as an officer authorized to sign credit instruments for the Company named in this application, I authorize Traction/Genuine Parts Company to obtain any information it may request from any business or consumer reporting agency(ies) or other sources that provide credit reports, account history reports, credit and employment history, or similar information, under the names and social security numbers of any and all owners and/or officers I provide. The undersigned applicant certifies that the information given is correct and complete, and further agrees to permit Traction/Genuine Parts Company to use this information to obtain additional required credit information. If, after reviewing all credit information, this applicant is approved, it is agreed and understood by the undersigned and Traction/Genuine Parts Company that all purchases made on open account will be PAID IN FULL on or before the 25th day of the month following the date of the purchase. No unpaid account will be increased after the 25th day, unless by special agreement. Further, any account which has an unpaid balance at the end of the month in which payment was due will be assessed a finance charge on the unpaid portion at the highest rate allowable by applicable law until such time as the account has been brought current. In the event Traction/Genuine Parts Company employs an attorney or collection agency to collect any amount due from applicant, then applicant shall be responsible for all costs of collections including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.

Authorized Signature _____	Corporate Federal Tax ID Number _____	Date _____
Company _____	Title _____	

INDIVIDUAL PERSONAL GUARANTEE	
I, _____ (Print), residing at _____	
for and in consideration of your extending credit at my request to _____ (the Company) of which I am _____ (Title) _____, and as material inducement therefore, hereby absolutely and unconditionally guarantee to Traction/Genuine Parts Company the due and punctual payment on demand of all debts and liabilities owed to Traction/Genuine Parts Company by the Company. This guaranty shall remain an unconditional and continuing guaranty of payment, and not of collection. I acknowledge that my liability is primary rather than secondary. I do hereby waive of presentment, demand, protest, dishonor, default and/or nonpayment of such debts and notice of any modification or further extension of credit to the Company, to which I hereby contest. I further agree that no failure or delay on the part of Traction/Genuine Parts Company in exercising of its rights hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such rights preclude any other or further exercise of any rights that Traction/Genuine Parts Company may have under this guaranty, and that my obligations hereunder shall not be subject to any rights of setoff, recoupment, deduction or counterclaim. In the event my obligations herein are collected by or through a third party then Traction/Genuine Parts Company shall be entitled to recover all costs of collection including attorney's fees.	
Signature _____	Social Security Number _____
Please Print Full Name _____	Date _____

OFFICE USE ONLY

Business Category Code	Finance Charge <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Type <input type="checkbox"/> Charge <input type="checkbox"/> Charge&Cash <input type="checkbox"/> Cash
Salesman #	Local Manager Approval	ACCOUNT NUMBER
City Tax Code:	Tax Exempt Form Attached	