

PHOENIX TIRE

P.O. Box 6818 Phoenix, AZ 85005 (602) 269-2509 Fax: (602) 272-4332 www.phxtire.com

APPLICATION FOR COMMERCIAL CREDIT

Company _____	Phone No. _____
Physical Address _____ Street _____	Fax No. _____
City _____ State _____ Zip _____	Email _____
Billing Address / P.O. Box _____	Email _____

Company is: Corporation Proprietorship Partnership LLC

Owner's Name _____ Social Security No. _____

Home Address _____

Rent Own Street _____ City/ State _____ Zip _____

No. Of Years in Business _____ No. Of Years at Location _____ Purchase Order Required? _____

Approximate Credit Line Desired _____ Tax Exempt Yes No

DUNS No. _____ State Exemption No. _____

Main Contact Name _____ Phone No. _____

Account Payable Name _____ Phone No. _____

Bank _____
Name _____ Address _____ Account No. _____

Tire/Parts Trade References Name (List 5)	Account No.	Phone No./Fax No.

IMPORTANT: Statements are due and payable by the 10th of the following month. A FINANCE CHARGE of 1.5% per month (18% annually) will be imposed on all past due accounts. In the event it is necessary for PHOENIX TIRE, INC. To place account with attorney for collection, the CUSTOMER agrees to pay collection fees and court costs. I (WE) certify that the above information is true and correct, and that we can and will comply with your terms.

The UNDERSIGNED has read and agrees to all of the OPEN ACCOUNT terms noted on this Application for Credit. Authorization to release credit information to PHOENIX TIRE, INC. for purposes of establishing an open charge account.

Authorized Signature _____ Title _____ Date _____

CONTINUING GUARANTEE: The UNDERSIGNED ("Guarantors") personally and individually, jointly and severally, unconditionally guarantee and promise to pay to PHOENIX TIRE, INC. On demand, and all present and future indebtedness, obligations and liabilities of the CUSTOMER to PHOENIX TIRE, INC. The obligations of the Guarantors hereunder are joint and several and independent of the obligations of the CUSTOMER and a separate action may be brought against any one or more of the Guarantors whether or not action is brought against any other Guarantors or against the CUSTOMER. Guarantors waive any right to have the Company proceed against the CUSTOMER or any security held from the CUSTOMER.

Signature _____ Title _____

Spouse's Signature (Required) _____ Phoenix Tire Sales Rep. _____

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REQUEST FOR VERIFICATION OF DEPOSIT

Privacy Act Notice: This information is to be used by the agency collection it or its assignees in determining whether you qualify as a prospective charge account customer under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide the information, but if you do not, your application for approval as a prospective charge account customer may be delayed or rejected. The information requested in the form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701, of seq. (if HUD/FHA); by 42 USC, Section 14520 (if HUD/CPD); and Title 42 USC, 1471 of seq. 7 USC, 1921 of seq. (if USDA/FmHA).

Instructions: LENDER: Complete items 1 through 8. Have applicant complete item 9. Forward directly to depository named in item 1.
DEPOSITORY: Please complete items 10 through 18 and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

		Lender's Phone No.
1. To (Name and address of depository)	2. From PHOENIX TIRE INC. 5217 West Buckeye Road Phoenix, AZ 85043	

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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7. Information to be Verified

Type of Account	Account in Name of	Account Number	Balance

To Depository: I/We have applied for a charge account and stated in my/our financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply PHOENIX TIRE with the information requested in items 10 through 16. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)

To Be Completed By Depository

10. Deposit Accounts of Applicant(s)

Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened

11. Loans Outstanding To Applicant (s)

Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Monthly/Quarterly)	Secured By	No. of Late Payments

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of an guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

12. Signature of Depository Representative	13. Title (Please print/type)	14. Date
15. Please print/type name signed in item 12	16. Phone Number	