

**IWI Motor Parts
1550 Innovation Drive
Dubuque, IA 52002
Phone (563) 556-3911
Fax (866) 890-6265**

CUSTOMER CREDIT APPLICATION

(CONFIDENTIAL)

Date: _____

Business Name: _____ Doing Business As (DBA) _____

Business Phone: _____ Business Fax: _____

Business Physical Address: _____

City/State/Zip: _____

Billing Address: _____ City/State/Zip: _____

Years in business: _____ Type of business: _____ Number of Employees: _____

Email Address: _____

Statement Delivery: Mail or Email (Please circle)

Ownership (Name of Parent Company if Subsidiary): _____

Sole Proprietor ____ Partnership **(Type)** ____ Corporation **(Type)** ____ (Provide FEIN)

SS #: _____ (Provide for Sole Proprietor or Partnership) Federal Tax ID # (FEIN): _____

Owner(s), Partners or Officers (if incorporated):

Name(s)	Title	Residential Address:	Residential Phone:	SSN:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is business is incorporated? ____ If so, under laws of what state? _____

Do you: ____ Own or ____ Rent the building that houses your business? Are purchase orders required? Yes ____ No ____

****Is company sales tax exempt? Yes ____ No ____ (NOTE: If tax exempt, please include exemption certificate)**

Special billing instructions: _____

BUSINESS REFERENCES:

Name	Address	City/State	Phone No.
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BANK REFERENCES:

Name	Address	City/State/Ph#	Account No. & Type
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Monthly Sales volume: \$_____ Monthly credit requested: \$_____

****Terms: Net 10th All accounts will be charged a finance charge of 1.5% (18% per annum) on past due balance.**

The undersigned certifies that the above information is correct, that it is submitted for the purpose of obtaining credit, and the undersigned agrees to all the terms and conditions of sales of IWI Motor Parts. We also authorize IWI Motor Parts to inquire of principal trade creditors, banks, credit agencies, and other credit references to check credit and allow IWI Motor Parts to answer questions from others and further the undersigned specifically authorizes IWI Motor Parts to answer questions from others about the credit experience with the undersigned. We agree that if an account is opened, IWI Motor Parts may furnish information regarding this account to credit reporting agencies and others who may properly request such information. We further agree that if IWI Motor Parts has to retain any attorney or collection agent to collect any amount due, or to otherwise enforce any provision hereof, with or without any litigation or other legal proceedings, undersigned promises to pay holder all attorneys' fees and costs incurred in connection with such matters.

(Signature) *(Date)*

Title: _____

Printed Name (of individual signing above)

PERSONAL GUARANTY (***REQUIRED FOR CHARGE ACCOUNT*****)**

FOR AND IN CONSIDERATION OF IWI MOTOR PARTS EXTENDING CREDIT AT THE REQUEST OF THE UNDERSIGNED TO _____ (“COMPANY”), THE UNDERSIGNED HEREBY PERSONALLY AND INDIVIDUALLY GUARANTEES TO IWI MOTOR PARTS THE PAYMENT OF ANY OBLIGATION OF THE COMPANY AND THE UNDERSIGNED HEREBY IRREVOCABLY AND UNCONDITIONALLY AGREES TO PAY IWI MOTOR PARTS ON DEMAND, WITHOUT OFFSET, ANY SUM WHICH IS OR MAY BECOME DUE TO IWI MOTOR PARTS BY THE COMPANY WHENEVER THE COMPANY FAILS TO PAY THE SAME IN ACCORDANCE WITH THE TERMS CONTAINED HEREIN, AND FURTHER AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES. IT IS UNDERSTOOD THAT THIS PERSONAL GUARANTY SHALL BE CONTINUING AND IRREVOCABLE AND SHALL ACT AS THE UNDERSIGNED’S PERSONAL GUARANTY FOR THE INDEBTEDNESS OF THE COMPANY. THE UNDERSIGNED HEREBY WAIVES ANY HOMESTEAD EXEMPTION, NOTICE OF PRESENTMENT, DEMAND, NON-PAYMENT, DISHONOR AND PROTEST.

DATE: _____
Signature (individual guarantor)

NAME OF SIGNATURE (Print): _____ SS#: _____

ADDRESS OF GUARANTOR: _____ CITY: _____ ST: _____ ZIP: _____

Witness: _____
(Print Name) Signature (partner or spouse)

*****FOR OFFICE USE ONLY*****

NOTE: Sales Reps must complete this section before faxing to Credit Application to the Corporate office. All sections of the Credit Application must be fully completed before it will be considered. Faxed copies will be accepted to initiate process; however, original must be received in office before credit is established.

Salesperson Name: _____ Salesperson #: _____

Store: Dbq ___ Wat ___ Cas ___ Dyer ___ CR ___ Clint ___ I.City ___ Free ___ Rock ___ Lanc ___ Mol ___
Burlington ___ Davenport ___

Pricing: _____ Open Account: _____ Cash Account: _____ Route #: _____

Credit Application accepted by: _____
(Sales Representative Signature)